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WESTERN REGION OF NIGERIA

Annual Report of the
Medical Department
of the Western Region of Nigeria
for the year 1954



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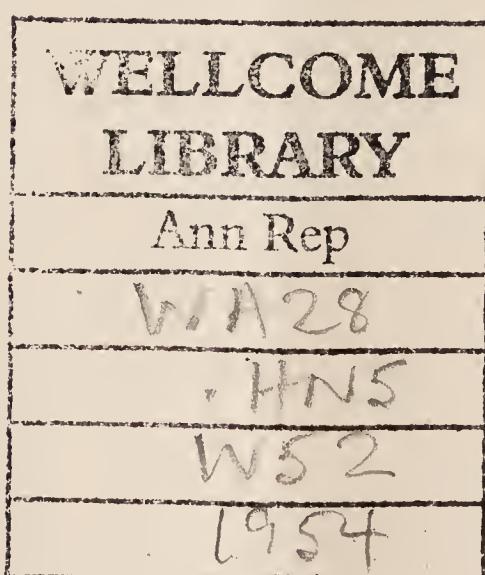


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FOREWORD

By

THE HONOURABLE AYO OKUSAGA
Minister of Health

The period of this report covers the last nine months of the year 1954. The previous report covered the financial year 1953-54. It has since been decided that this Region along with the other Regions and Federal Government of Nigeria should revert to the general practice of publishing Medical Department reports to cover the calendar rather than the financial year. This decision has resulted in some delay in publication as statistics had to be revised, and, as usual, our great expansion programme of medical services has long overtaken the publication of the annual report.

2. The separation of Lagos from the Western Region had a detrimental effect upon our staff position throughout the period under report and the generosity with which the claims of Lagos were met can be instanced by the fact that no fewer than twenty-nine medical officers out of a total sixty-four were left for the Federal territory. In spite of this staff shortage there is no doubt that the Medical Department coped manfully with the ever increasing demands upon its services and it is particularly pleasing to record the appreciation of the public shown towards our expanding maternity services. While much remains to be done and much has been achieved since the year 1954 I can congratulate all staff of the Medical Department upon a year of progress.

AYO OKUSAGA,
Minister of Health

(Medical Department)
(G. 2C)



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Annual Report on the Medical and Health Services of the Western Region of Nigeria, 1954

I.—INTRODUCTION

This report covers the period 1st April to 31st December, 1954. As last year's Report included the first quarter of 1954, this Report only deals with the last nine months of the year.

2. One difference is the omission in this Report of any account of the medical and health services of Lagos. This is in accordance with the new constitutional arrangements which became effective in October last, as a result of which Lagos became Federal territory and the Colony became absorbed into the Western Region with the formation of a new Colony Province, with headquarters at Ikeja. The medical activities of Lagos for this period will therefore be covered in the Report by the Chief Medical Adviser to the Federation.

3. The separation of Lagos from the Western Region was no minor operation and when considered in terms of figures, it represented 46 per cent of the total expenditure of the Department in the 1954-55 estimates for the Region. A large proportion of this 46 per cent is absorbed by the General Hospital and the Massey Street Maternity Hospital, and both these institutions required such drastic alteration and expansion—if not, replacement—that the Region can count itself fortunate that it is no longer financially responsible for what will prove to be most costly items of expenditure.

4. It is perhaps true to say that with the loss of Lagos, the medical services of the Region are now more compact.

5. As a result of the creation of Colony Province, provision was made for a third administrative Senior Medical Officer and it was considered that the opportunity should be taken of re-arranging the provinces into new Medical Divisions, thus :—

Ikeja Medical Division—Colony, Abeokuta and Ijebu Provinces.

Ibadan Medical Division—Ibadan, Oyo and Ondo Provinces.

Benin Medical Division—Benin and Delta Provinces.

This new arrangement is not likely to come into force until adequate administrative facilities exist at Ikeja, where the new Medical Divisional Headquarters will be located.

6. The Ministry of Public Health in the Western Region is still in its first youth, but already it bears the characteristics, usually associated with Ministries of full maturity. During the year the Ministry has continued with the implementation of the proposals contained in the White Paper on Public Health Policy, issued by the Minister in 1952.

7. Efforts have continued to reduce the disparity in the hospital bed ratio to the population. A new 32-bed hospital was opened in February at Badagry in Colony Province and this was followed by the opening in November of the new 60-bed hospital at Oyo.

8. As this latter hospital was to be followed by the construction of seven new divisional hospitals in the Region within the following twelve months, the department was particularly anxious that the Oyo hospital should incorporate all that was most modern in hospital design and finish, so that any new amendments to the standard Government plans thus required should be followed in the construction of the remaining hospitals.

9. All expectations and hopes have been realised to the full with the completion of Gyo hospital, and it reflects greatly to the credit of both its architect, of the Western Region Public Works Department, and the firm (G. Cappa Ltd.) which undertook the work.

10. At the same time as consideration was being given to new hospitals, attention was also paid to existing units, and additions were made or alterations planned as circumstances required. At Sapele, the hospital is to be almost entirely reconstructed, and work has started upon this. During the year, too, the foundation stones of six of the seven new hospitals were laid and by the end of the year, all six were well on the way to completion.

11. Progress has also been reported from the Voluntary Agencies of the Region and fuller details are included under section XV. Notably, the new Wesley Guild Hospital at Ilesha, providing some 100 beds, was officially opened in September, and both the "combined" Roman Catholic Mission hospitals at Owo and Ogwashi-Uku were brought into operation during the year.

12. Off the main roads, too, the people of the rural areas and waterside were not forgotten. At remote and somewhat inaccessible Iwopin on the Ijebu Waterside, a maternity unit was opened in December; at Ughelli in Delta Province, the buildings of the new Rural Health Centre were completed. In the Kukuruku Division to the North of Benin Province, the yaws campaign, which was started earlier in the year, got well into its stride and by the end of December the teams were preparing to tackle the Ishan Division, with Kukuruku virtually completed.

II.—ADMINISTRATION

A.—STAFF

Administrative

13. Dr T. H. L. Montgomery, the Director, was on duty from 1st April until he proceeded on vacation leave in October. Dr E. J. Bury then acted as Director for the remaining two months of the calendar year.

14. During Dr Bury's absence on leave in the early part of the period covered by this Report, his place as Deputy was filled temporarily, first by Dr Cooper, until he went to the United Kingdom on sick leave, and subsequently by Dr O. B. Alakija. Towards the end of the year, Dr Cooper again acted as Deputy whilst Dr Bury was acting as Director.

15. The post of Regional Matron continued to remain vacant throughout the period. The duties of the post were carried out by the Deputy Director with the assistance of Miss Matthew and Miss Wade, Sister Tutors from the Nurses' Preliminary Training School, until the arrival at the end of July of Miss Winter, who thereupon acted as Regional Matron until the end of the year.

16. Mr T. Briggs, Senior Accountant, and Mr J. B. Otuyalo, Accountant, were on duty together for most of the year. During the absence on leave of Mr Briggs in the first four months, Mr Otuyalo acted for him, whilst E. A. Odunlami deputised as Accountant.

17. Dr. L. W. Banks continued as Senior Medical Officer in charge of Ibadan Medical Division, although it became increasingly obvious that he could not continue to perform the administrative functions demanded of the Division as well as carry out his clinical duties at the Jericho Nursing Home. For the last quarter of the year, Dr Banks also had to hold a watching brief over the newly formed Ikeja Medical Division created as a result of the constitutional changes.

18. Dr H. A. A. Doherty remained as Senior Medical Officer in charge of Benin Medical Division throughout the year.

Specialists

19. The establishment of three specialists remained. These posts covered the requirements of eyes, skins, and ear, nose and throat conditions and applied to Lagos. As soon as the situation regarding the new arrangements clarified, steps were immediately taken to provide for a total of seventeen specialists for the newly constituted Region, these posts to be filled during the coming year.

20. The Tuberculosis Specialist continued to be available to the Region from the Central establishment and remained in Ibadan with his Survey Unit.

Medical Officers

21. On 1st April, the position was that there were sixty-one medical officers on the strength out of an establishment of seventy-four. On 31st December, with Lagos having made severe demands upon the Region's resources, the number of medical officers left on the strength was thirty-four; this included two special grade medical officers. Of this number, four were either on study leave or were attached to the University College Hospitals in Ibadan and were thus not available for posting. Twenty-nine medical officers had been detached for Lagos.

22. Due to this dearth, second medical officers for hospitals were posted only to Akure, Abeokuta and Benin.

23. Ibadan, Benin and Delta Provinces and Abeokuta, Ijebu-Ode, Ilaro and Ondo had the good fortune to have Rural Medical Officers posted by the end of the year. In the case of Benin Province, the officer was an Assistant Medical Officer.

House Physicians and Surgeons

24. The University College Hospitals in Ibadan were recognised by the authorities as providing six house appointments at any one time; this figure was later raised to eight. These posts are held by newly qualified doctors for the statutory period of one year after which time they become eligible for registration with the General Medical Council. During the year one such post was held by a Government Medical Officer.

Assistant Medical Officers

25. At the beginning of the year, there were six Assistant Medical Officers left in the Region. At the end of the year there were five, and of these, three were in the United Kingdom on prolonged study leave preparatory to sitting the Conjoint Board examinations, one was at the University College Hospital prior to going to the United Kingdom himself for the same purpose, whilst only the fifth was available to serve the department.

Nursing Sisters and Superintendents

26. The establishment of Senior Nursing Sisters was kept up to strength. Of the eleven Nursing Superintendents at the end of the year, the Chief Nursing Superintendent and two Nursing Superintendents were stationed at Aro Hospital for Nervous Diseases, and three of the remainder were acting appointments. Of the fourteen Nursing Sisters, five were temporary appointments and one was an acting appointment. Six of the fourteen Sisters and ten of the eleven Superintendents were Nigerians.

Medical Officers of Health

27. The total establishment for the Region was seven at the beginning of the year. As from 1st October, two posts—one of which was Port Health Officer—became detached from the Western Region. One Medical Officer of Health resigned at the beginning of the year and on 31st December there were only three of the posts filled. Of these, two were medical officers in charge of Field Units, whilst only one officer was a fully employed and qualified Medical Officer of Health in the generally accepted sense.

Health Superintendents

28. The establishment was twenty-two at the beginning of the year. After October, three of the posts became detached to Lagos, reducing the establishment temporarily to nineteen. On 31st December, the strength was sixteen, one Nigerian Superintendent having retired during the year on reaching the age limit. One Senior Superintendent and two Superintendents only are now European out of the total strength.

Health Sisters

29. At the end of the year, there were Health Sisters stationed at the Provincial Headquarters of Ibadan, Ijebu and Colony Provinces and the Rural Health Centre, Ilaro. Of these four, one Sister has intimated that she will shortly be resigning, whilst a second has applied for a transfer to another Region. Despite this, it is anticipated that several Nigerian girls will shortly be returning from the United Kingdom, equipped with the necessary qualifications for appointment, in the first instance, as Assistant Health Sisters. It is thus hoped to maintain a strength which appeared to be ebbing.

Pathologists

30. The Western Region was somewhat at a disadvantage after 1st October since the pathology service had always been concentrated at Lagos. Under the new arrangements, the Region found themselves without a single representative. Agreement has however been reached with the Federal Medical Services whereby the Region may continue to avail itself of the pathological facilities in Lagos until a Western Region Laboratory Service has been established.

Leprosy Medical Officers

31. The small staff of three was maintained at Ossiomo Settlement throughout the period.

Dental Surgeons

32. By 31st December there were two Dental Surgeons on the permanent establishment of the Region. These were stationed at Ibadan and Benin. A temporary Lady Dental Surgeon continued to be employed at Ibadan for the purpose of giving attention to school children and the progress, recorded in this field in last year's Report, has been maintained.

General

33. The establishment and strength of European and Nigerian staff at the end of December 1954 is shown in Appendix I.

B.—FINANCE

34. The following sums were expended during the period 1st April, 1954 to the 31st December, 1954 :—

	£	£
Head 317.—Section A	—	484,074
Head 58.—Colonial Development and Welfare Schemes D2282 and D2283	85,830	
Head 317.—Colonial Development and Welfare Schemes D2282 and D2283	54,807	
	—————	140,637
		—————
		£624,711

35. The following revenue was collected during the same period :—

Fees	28,729
Sale of Drugs	6,035
Reimbursements	2,420
	—————
Total	£ 37,184

C.—LEGISLATION

36. Lists giving the short titles of Western Regional Government Notices, Orders, Rules and Regulations relating to public health and medical subjects are given in Appendix III.

III.—PUBLIC HEALTH GENERAL REMARKS

A.—EUROPEAN HEALTH

37. The general health of Europeans and other non-Africans remained fairly good throughout the year. The prevalent conditions showed the same trends as in former years with malaria, gastro-intestinal infections and skin complaints heading the list.

38. Attendances at the Nursing Homes continue to be formidable, and to increase in proportion to the greater numbers at risk. During the nine months, 349 in-patients and 1,110 outpatients were treated at the Jericho Nursing Home, Ibadan. With the growing practice of Europeans bringing their families to Nigeria, it follows that children form a fair proportion of attendances. Inasmuch as certain children's illnesses so quickly become alarming in character, they tend to cause anxiety among medical officers entrusted with their care.

39. Insomnia is fairly common, especially among the older age groups of Europeans and there is a growing tendency to resort to drugs on this account. Worries, whether due to family or other reasons, are probably the cause of increasing incidence of peptic ulcers and anxiety neuroses. The high percentage of the later group in Nigerian returns has already been noted by the Colonial Office with concern.

40. With the increasing use now being made by Africans of the only two Nursing Homes in the Region, it will soon be necessary to consider extending the in-patient accommodation. In particular, thought must be given to the question of adding properly equipped maternity accommodation.

B.—AFRICAN HEALTH

41. The Region has again been free of any epidemics of severity. Towards the end of the year the occurrence of several deaths, associated in some cases with jaundice, gave rise to the alarm and possibility of yellow fever. This was quickly disproved with the timely assistance of the Virus Research Institute staff.

42. In general, the attendances at the hospitals and dispensaries throughout the Region compare favourably with past years and, in examining the tables hereunder, it should be remembered that whereas the figures for 1952-53 and 1953-54 refer to periods each of twelve months, those in the last columns refer only to the nine months, April to December 1954.

43. The Return of Diseases and Deaths for all races treated at Government Hospitals and Dispensaries is given in Appendix IV. The summary here represents the total numbers making use of all types of medical facilities in the Region.

(a) Government Hospitals and Dispensary

Medical Division :	In-patients			Outpatients		
	1952-53	1953-54	1954	1952-53	1953-54	1954
Ibadan	12,795	21,248	17,260	125,564	149,202	188,682
Benin	7,273	11,095	6,788	104,393	165,038	99,904
Total, Western Region	20,068	32,343	24,048	229,957	314,240	288,586

***(b) Native Authority Hospitals and Dispensaries**

<i>Medical Division</i>	<i>In-patients</i>			<i>Outpatients</i>		
Ibadan	—	—	—	286,161	266,372	227,953
Benin... ...	—	—	869	310,431	254,149	259,361
Total, Western Region	—	—	869	596,592	520,521	487,314

(c) Mission Hospitals and Dispensaries

Ibadan	13,819	11,415	7,812	52,547	56,724	71,858
Benin	9,446	10,208	6,233	67,910	53,424	44,233
Total, Western Region	23,265	21,623	14,045	120,457	110,148	116,091

IV.—VITAL STATISTICS

44. Now that Lagos is no longer part of the Western Region, this Section of the Report, always fairly short, becomes even further abbreviated, since Lagos was the only area which could provide figures at all reliable.

45. The appointment a year or two ago of a Medical Statistician to the Central establishment was generally acclaimed by the Regions, as it was everywhere recognised that time was long overdue for the introduction of some system of registration of births and deaths. So far there have been no developments following the Medical Statistician's tour of the Region in 1953-54. It is presumed that any report or recommendations that were under consideration in that quarter must have disappeared into limbo in the process of passing from one constitutional phase to the next, and that medical statistics and the question of any legislation in this connection has been passed over to the Regions, entirely as their concern.

46. The most recent figures of populations were those obtained in the census in 1952 and they are tabulated by provinces and sex as below :—

<i>Province</i>	<i>Both Sexes</i>			<i>Males</i>	<i>Females</i>
	,000	,000
Western Region	6,359	3,148	3,211
Africans :					
Abeokuta	630	309	321
Benin...	901	442	459
Colony	505	263	242
Delta...	590	285	305
Ibadan	1,650	834	816
Ijebu	348	167	181
Ondo...	945	459	486
Oyo	783	385	398
Non-Africans					
(Whole Region)	7	4	3

*Ibadan Native Authority Hospitals being used temporarily by University College Teaching Hospitals included with Government Hospitals.

In-patients figures refer to Ondo Native Authority Hospital, opened in March and relate to the period 1st April, 1954 to 31st December, 1954.

V.—HYGIENE AND SANITATION

A.—PREVENTIVE MEASURES

(a) *Insect-borne Diseases*

Malaria

47. Malaria remains the commonest clinical condition of all mosquito-borne diseases and it is impossible to assess to what extent it alone is responsible for the chronic ill-health which occurs in the African population, where so many other factors have to be taken into consideration.

48. Routine preventive measures were taken in all stations throughout the year. Collections of stagnant water were sprayed with larvicultural oil and systematic searches undertaken for pots, tins and other receptacles which were potential sources of mosquito breeding. For the first time, the Region's swing-fog pest control unit was brought into operation thereby enabling a greater area to be covered. Where practicable, swamps were drained, borrow pits were filled with refuse and earth drains cleared at regular intervals. In certain areas, swampy land was reclaimed.

49. These measures are routine and largely palliative ; they are not really responsible for any profound impression upon the problem of malaria control. The eradication of the anopheles and of malaria is a project beyond the resources of the Region and in any case is a matter for concerted action on a country-wide basis.

Yellow Fever

50. No cases of yellow fever were reported during the year. Following the occurrence of two cases in the previous year, confirmed by mouse protection test, widespread inoculation of U.A.C. personnel employed in the timber plantations was continued and 67,000 persons were thus protected in the Sapele area.

51. The aedes indices for the provinces are included in Table I.

52. Ibadan, Benin, Warri, Sapele and Forcados remain designated yellow fever inoculation centres for the purpose of the International Sanitary Regulations.

Trypanosomiasis

53. The Region continues to enjoy freedom from human trypanosomiasis—slightly, perhaps, to the dismay of the Veterinary authorities, who continue to find the condition occurring in cattle.

(b) *Epidemic and Endemic Diseases*

Smallpox

54. The fall in the number of cases notified has continued ; 125 cases and 8 deaths were recorded. Of these, 83 cases and all the deaths notified occurred either in Abeokuta or Colony Province. It is doubtful whether such consistently low figures for this condition can be kept up indefinitely, and sooner or later an upward trend must occur. One reason why this may be expected is that the Medical Field Units, owing to other commitments, are no longer available for mass vaccination duties.

Cases notified, 1949-50 to 1954

	1949-50	1950-51	1951-52	1952-53	1953-54	1954
Notified ...	3,745	2,431	715	197	146	125
Deaths ...	515	318	111	30	7	8
Percentage						
Mortality	13.0	13.0	15.5	15.2	4.8	6.4

55. Vaccinations are performed by health superintendents and inspectors throughout the Region and the numbers carried out during the past four years in each province were :—

<i>Province</i>			<i>1951-52</i>	<i>1952-53</i>	<i>1953-54</i>	<i>1954</i>
Abeokuta	...	...	62,895	58,383	77,087	58,403
Benin	...	...	8,849	86,646	108,453	129,892
Delta	...	...	50,473	35,914	43,149	28,166
Ijebu	...	...	52,529	43,122	50,549	32,075
Ondo	...	...	118,766	209,695	227,032	165,413
Oyo/Ibadan	...	...	477,296	375,998	290,082	168,947
Lagos and Colony	...	...	48,065	36,493	36,130	26,883*
Total, Western Region			898,243	846,251	832,480	782,727

Tuberculosis

56. The Medical Officer, Benin reports that "pulmonary tuberculosis appears to be increasing in incidence, but that this is probably a false impression gained by the increasing numbers who are being detected by laboratory and X-Ray examinations." This might equally well apply to all other larger centres of population in the Region.

57. The use of streptomycin, isoniazid and P.A.S. in the treatment of tuberculosis has resulted in so many improvement in the once hopeless case that more and more sufferers from the condition now attend hospitals than before. With shortage of beds, the majority of the patients have to be treated as outpatients.

58. It is hoped next year that a start may be made upon the construction of a special tuberculosis clinic in Ibadan. It is also hoped to recruit a tuberculosis specialist for the Region to take charge of the unit.

59. During the past year, the Federal specialist in charge of the Tuberculosis Survey Unit, which was based in Ibadan, was away on leave, and after May, was without a radiographer. His Report will contain a full account of the Unit's activities in the Region and will be incorporated in the Chief Medical Adviser's Report.

Leprosy

60. An account of the work of the Leprosy Service is included later in this Report.

61. In Government units, 728 new cases of leprosy were diagnosed. The number of patients discharged symptom-free during the corresponding period was 459.

Typhoid

62. Thirteen cases of typhoid with one death were reported from the Region. It is probable that numbers of cases labelled "pyrexia of unknown origin" are of the enteric group, but in the absence of full laboratory facilities (possible only in Ibadan) the diagnoses are not clinched.

Rabies

63. Every year rabies is regrettably the cause of a few deaths in the Region and it is a condition which could be stamped out. One of the difficulties is the reluctance of any one department to assume full responsibility for the control of rabies in dogs. In various countries in Europe, this responsibility commonly rests with the Police or the Veterinary Department; in Nigeria, it appears for some reason to have devolved upon the Medical Department.

64. Seven cases of human rabies were recorded during the year, three from the Agbor area, two from the Sapele area, and two from Ikeja. Eleven cases of canine rabies were confirmed pathologically.

*This figure refers to Colony Province and does not include the Federal territory of Lagos.

Yaws

65. In the Western Region yaws is essentially a disease of the rural areas. Its incidence in the larger towns and in villages along the main trunk roads is low. Where it occurs in the rural areas, it is a disabling and distressing condition; most of the infectious cases of yaws occur in children in the first decade of life.

66. Fuller details of the campaign against yaws are described in a later Section of this Report. In the nine months period for which Field Unit figures are available, 9,949 "infectious" cases, 30,630 "late" cases and 60,812 "latent" cases of yaws were treated. This classification of yaws follows that used by the World Health Organisation.

B.—GENERAL MEASURES OF SANITATION

(a) *Urban and Rural Water Supplies*

67. The Chief Water Engineer of the Public Works Department has written as follows:—

"The existing supplies were maintained, though in some instances, due to lack of supervisory staff, the supply fell below standard.

"Representatives of Messrs Binnie, Deacon and Gourley, United Kingdom Consultant Engineers specialising in Water Supply arrived in Nigeria in May 1954 and a team of four engineers commenced surveys and investigations for Urban Water Supplies. By the end of the year Ishan Plateau area had been investigated and the report prepared. When this scheme is completed (and work will commence late 1955), 160,000 people in the area will have access to a potable water supply. A start was made in Ondo Province in the Idanre-Ondo-Akure area, and the report will be available early in 1955. The employment of consultants is necessarily expensive but the Public Works Department is so under-staffed that no alternative is possible if all the investigations are to be carried out. However, a potable water supply is probably the cheapest form of preventive medicine available.

"No new Rural Water Supply schemes were embarked on after April 1954 primarily due to lack of staff. It is hoped to re-start rural supplies in 1955, and to construct small piped supplies to village communities rather than open wells. Existing Water Supply Schemes at Abeokuta, Akure, Benin, Ibadan, Ife, Ijebu-Ode, Ikare, Iseyin, Ogbomosho, Otta, Warri, Oyo and Owode were kept in service but in the larger towns like Abeokuta, Benin, Ibadan, Ijebu-Ode, Oyo and Ife the revision, replacement and extension, of the supply must soon be undertaken, particularly in towns that have had a supply for some years and would find great difficulty in finding original sources, should the piped supply fail.

New Supply Schemes:—

"Auchi-Jattu Group.—Construction will start in May 1955.

"Ishan Plateau.—Construction will start about December 1955.

"Oshogbo-Ede.—Partial power supply was available by December 1954 and the Treatment Works tested. Ede town supply will be available early in 1955 with Oshogbo a little later.

"Iwo.—The earth dam will be complete early 1955 and the treatment works was commenced in October 1954. The date of the supply going into service will depend on delivery of Diesel Engines for the pumping plant.

"Iperu-Remo District.—Pipe laying was well advanced by the end of the year.

"Effon-Alaye.—This scheme came into operation on 17th December, 1954.

"Ikare.—Indents for materials have been placed and staff will move to the site in August 1955.

"Ilesha.—Water was supplied to Ilesha in March 1954 and continued to work satisfactorily, though some difficulty was experienced in training an attendant to carry out chlorination properly.

"Ijebu-Igbo.—Consultant Engineers will extend Departmental investigations for the scheme in August 1955.

"Agbor.—It is hoped to start construction work on this scheme in November 1955.

"Igarra.—An untreated stand-pipe supply is now in service.

"Fugar.—A bore-hole pump is awaited for this supply.

"Oke-Messi.—This supply will be completed early in 1955. In addition to above, Indents have been placed for pumping plant and fittings for Divisional Hospitals at Ikeja, Epe, Kukuruku, Kwale, Okitipupa, Sapele, Ilaro and Iddo Ekiti."

(b) Inspection of Nuisances

68. Most people dislike having strange officials come to their houses and compounds, pottering about in the rubbish dump, in the kitchen, in the pantry, examining the water in flower vases, etc. ; they dislike it and are resentful ; they consider that these visits are an interference with their privacy. These inspections are, however, carried out on the authority of the medical officers of health by health superintendents and sanitary staff and they are essential if mosquito and fly breeding is to be kept under control.

69. This attitude on the part of the householder is found both with the African and the European ; full of what she considers righteous indignation, the housewife immediately telephones the local health office to register her protest at this intrusion and trespass, and yet how often does the average housewife make a routine inspection herself, for example, of her servants' quarters and their sanitary annexes, to ensure that all is well ?

70. Much tact and diplomacy is required of the inspector and not infrequently these attributes are lacking but, if properly undertaken, these inspections do provide a real opportunity for large sections of the public to be educated in the elementary principles of environmental and personal hygiene.

71. Details of the inspections carried out during the year are given in Table I below :—

TABLE I

	<i>Benin</i>	<i>Delta</i>	<i>Ondo</i>	<i>Abeokuta</i>	<i>Ibadan</i>	<i>Ijebu</i>	<i>Oyo</i>	<i>Colony</i>	<i>Total</i>
Houses Inspected...	105,845	68,507	116,094	55,907	109,006	86,818	54,678	10,277	608,632
Clean Houses ...	84,517	53,465	85,429	40,504	84,051	53,406	42,882	8,125	443,379
Dirty Houses ...	21,328	15,042	30,665	15,403	24,955	33,412	11,296	2,152	165,253
Houses with Mosquito larvae ...	3,589	1,417	2,799	1,774	2,794	1,949	1,716	246	16,304
General Mosquito Index ...	3.33%	2.06%	2.41%	3.17%	3.07%	2.23%	3.17%	2.3%	2.67%
Aedes Index ...	1.79%	1.42%	1.17%	2.86%	1.67%	1.81%	1.21%	1.26%	1.72%
Notices Issued ...	9,121	4,131	6,453	7,259	6,641	8,967	710	750	44,032
Prosecutions ...	611	488	836	1,010	1,032	1,171	493	713	6,354
Convictions ...	248	381	661	733	960	925	438	584	4,930
Fines ...	£387 12 6	£595 13 6	£725 1 0	£713 10 0	£666 3 6	£393 11 0	£315 12 6	£373 5 6	£4,168 9 6

(c) *Sewage and Refuse Disposal*

72. If there is one aspect of the health services which, more than any other, suffers from the irresponsibility and lack of civic sense displayed by the general public, it is the conservancy system. Whether in the rural areas, where it is the salga, or in the towns, where it is the bucket latrine, fouling of the surroundings and absence of fly-proof trapdoors are the rule rather than the exception ; the health staff do what they can to abate these nuisances, but little improvement can be expected until the people themselves co-operate to a greater extent. At present, they appear not to mind how dirty the latrines become, nor do they pay heed to the numbers who, unashamed, use the public highways as urinals—a scene common enough, too, in the very capital of the Region.

73. Conservancy labour is indeed hard enough to find as it is without the conditions attaching to the job being rendered even more unpleasant. In some centres, the conservancy is done by contractors, and in others by Government and Native Authority labour ; on the whole, the latter is more satisfactory.

74. The solution to the conservancy troubles, of course, lies in the installation of pipeborne water-carriage systems of sewage disposal, but so few towns at present have reliable and adequate water supplies that its general introduction will have to be postponed for some time to come. Most new Government buildings, including all the hospitals, now in course of construction, are being provided with septic tank system, but even these are not without their problems due to misuse by a public insufficiently hygiene conscious.

75. Removal of refuse is carried out by lorries in the wealthier Local Government centres and is head-loaded in other places. Final disposal is by controlled tipping or incineration. The former method is used to reclaim areas of swamp and borrow pits, or low lying land abutting on lagoons.

76. Collection of refuse by vehicles is the method of choice, but it is difficult to induce Native Authorities and District Councils to buy them, and to persuade them that money voted for this purpose is money well spent.

C.—SCHOOL HYGIENE

77. During the financial year, 1953-54, provision had been included in the estimates for a schools medical officer for each province and for three schools dental officers, without any immediate prospect that full-time officers would be found to fill the vacancies. It is therefore all the more encouraging to be able to report that towards the end of the year, a lady medical officer was engaged on a temporary basis for full-time schools duty for Ibadan, and a second lady medical officer is to be engaged early in 1955 on a similar basis for full-time schools work in Abeokuta.

78. In the Benin Medical Division, the arrangements in the Ishan Division, recorded in last year's Report, continued and, although only on part-time duty, the private practitioner concerned rendered valuable service. One new feature which he organised was a First Aid course for school teachers in August.

79. Towards the end of the year, it became known that a doctor engaged in private practice in Benin City had signified his willingness to help in the schools work and he was expected to start his duties early in 1955. In Ibadan, too, arrangements were put in hand for a private practitioner to start part-time schools work early in 1955. In Ibadan again, the lady dental officer appointed on a temporary basis in 1953-54 continued work on the schools dental service ; further reference to this is made in section X.

80. It can therefore be stated that some progress has been made in the nine months, April to December, but with the vast programme of expansion which is taking place in the field of education, it is inevitable that in its beginnings the schools medical service can only touch the fringe of the problem, with very few among the child population/ actually being covered by systematic inspections.

81. With the Medical Field Units fully engaged in the yaws campaign, medical surveys as such on school children ceased, but throughout the Region, medical officers, health superintendents and inspectors undertook propaganda in the schools, both with teachers and pupils; they performed vaccinations, gave lectures and demonstrations and endeavoured to instil the first principles of personal and general hygiene.

D.—LABOUR CONDITIONS

82. No new firms employing large forces of labour were reported from the Region during the year. In the Ibadan Medical Division, it is the Nigerian Tobacco Company and the United Africa Company which remain the chief employers, while in the Benin Medical Division, it is the United Africa Company and Messrs John Holt and Company. In both areas, the Western Region Production Development Board has projects in hand requiring considerable labour forces.

83. On 18th August, the Minister of Public Health, Western Region, opened the new clinic built by the United Africa Company at Sapele. This clinic is primarily for the employees of the Africa Timber and Plywood Factory and although mainly intended for outpatient services, it has provision for up to ten in-patients. No expense appears to have been spared in the construction and equipment of this small but highly up-to-date unit. It includes a well-equipped laboratory, an operating theatre and an X-Ray block. It is staffed by the Company's medical officer, a United Kingdom trained African Nursing Sister and adequate trained junior staff. It is perhaps a disappointment, that, while they were about it, the United Africa Company, with all their resources, could not have built a slightly larger clinic so that wives and families of their employees could also have benefited from this facility, thereby easing the strain on the small and already overcrowded Government hospital at Sapele.

84. As mentioned elsewhere, the United Africa Company maintained two dispensaries on their timber estates for employees. At Burutu, the United Africa Company hospital, now in its second year, has proved a valuable amenity, and much good work has been accomplished.

85. The five labour camps in the Sapele area were inspected regularly by the Health staff, and sanitary and housing conditions have been found satisfactory.

86. At Warri, the canteen provided for employees at the wharves by Messrs John Holt and Company continues to be popular. The same firm also run a dispensary for their staff at Warri.

87. In Ibadan, there are no new developments to record. The Nigerian Tobacco Company dispensaries continue to operate and a private practitioner from the town holds regular clinics both for this Company and for the United Africa Company.

88. The Western Region Production Development Board continues to employ a full-time medical officer to supervise its dispensaries in the rural areas.

E.—FOOD IN RELATION TO HEALTH AND DISEASE

89. Every year increasing numbers of applications are received from Native Authorities and Local Government bodies to introduce local legislation in the form of Rules or Bye-laws, with the object of safeguarding the general public against the sale and distribution of unwholesome food.

90. For this purpose, sets of model Rules, which cover most aspects of food hygiene, are retained in the Ministry of Local Government and are available on demand. In general, little modification is required to suit local conditions. In this way, bakehouses, cornmills, mineral water factories, slaughterlabs and abattoirs, markets, hotels and restaurants are controlled. The sanitary staff have right of entry to all such premises and by regular and as frequent inspection as possible, they ensure that the Rules are being observed.

91. Shortage of Government Sanitary Inspectors and the comparatively low standards of efficiency amongst Local Authority Inspectors unfortunately result in instances where food of poor quality succeeds in evading the Rules and being foisted on the public. It is unlikely that much improvement will take place until the public react more readily and are more enlightened.

92. Efforts in this direction are continually being made by the limited staff available, and it is encouraging to observe how many towns and villages in the Region have had constructed permanent market and meat stalls in the past year. The practice of displaying food for sale in the markets in wooden glass-fronted containers, too, is gaining in popularity. It is discouraging on the other hand to note how often meat traders rebel at using permanent mosquito-proofed meatstall, how frequently the guaze is ripped out and how often the meat traders prefers to squat in front of the stalls, exposing their wares on the ground, instead of upon the more hygienic washable slabs of concrete within.

93. Cattle inspection at slaughterlabs is undertaken ante-mortem as a routine measure in all the larger centres, and the meat is again inspected after slaughter before sale. Assistance is also given at veterinary control posts by the veterinary staff in ensuring that only healthy beasts are slaughtered for sale as food to man.

94. In the Benin Medical Division, the prices of staple foodstuffs remained high, as in the previous year, although it is reported that there was no scarcity. There is some evidence that intensive propaganda in this Division is yielding results in the form of better and more balanced feeding habits.

95. Deficiency diseases and malnutrition continue to be commonly encountered in hospital outpatient departments among the less educated classes. In Benin, numerous cases of scurvy were seen in small children, which was surprising in view of the fact that fruit is both abundant and cheap in that area. Vitamin B deficiency is also specifically reported by medical officers.

96. During the year a large consignment of milk arrived in Nigeria, as an unsolicited gift, from the United Kingdom. The Medical Department distributed this as a free issue to the various hospitals within the Region—a gesture which evoked widespread appreciation.

F.—HOUSING AND TOWN PLANNING

97. Town planning is a highly specialised occupation, and unless a town planning authority has available to it the services and advice of a properly qualified officer, it is unlikely that much good will accrue from the mere establishment of the authority.

98. The Western Region is badly in need of qualified town planner, particularly in these days when so much expansion and development is taking place.

99. Ibadan as the seat of Government sets an unfortunate example in housing and town planning. In the township, the District Council pay little heed to the building Rules which have been enacted—much to the frustration and exasperation of the health staff—and it seems to be a matter of complete indifference that the more densely populated districts take on a shanty-town appearance.

100. On Crown land, the Government residential areas are in grave danger of ribbon development, owing to the shortage of suitable building sites and the necessity of having to cram yet more and more houses on to the few sites which remain. This is a situation which is inevitable and which is associated with the rapid expansions which are taking place in every department of Government; and yet it is a matter for regret that the erstwhile building free zones are now no longer able to provide the green belt amenities which were once such pleasant features of these reservations.

101. In Abeokuta, a survey is still in progress with a view to subsequent town planning, and if a system of land registration can be introduced, assistance will thereby be given to the Health Department in enforcing the provisions of the building regulations which at present meet with only partial success.

102. At Ife, in Oyo Province, the local town planning committee continues to be active.

103. At Sapele, the Town Planning Authority meets each month and both here and at Warri and Benin, efforts continue to be made to develop planned residential areas. In Sapele and in Warri, indeed, the growing housing estates have necessitated the demolition of the Infectious Diseases Hospitals. At Sapele, too, a lead has been given by the United Africa Company and a housing estate for the company's employees has sprung up on the Warri Road.

104. In general, it is probably true to say that there is a definite upward trend in the standard of living, and one form in which this is reflected is the improvement observed in the types of residential buildings now under construction in the larger towns.

G.—HEALTH PROPAGANDA AND EDUCATION

105. Opinions differ widely on the best means of effectively to put across facts about public health, on how to encourage the people generally to adopt higher standards in personal hygiene and to pursue the principles of preventive medicine. It is commonly held that Health Weeks and Baby Shows are of assistance in this direction. Undoubtedly the public enjoy certain aspects common to all these functions—the film shows, the processions, the competitions and the Saturday evening finale—but their value as a means of spreading knowledge is difficult to estimate from the results so far achieved.

106. It seems that in the view of most Health Week committees the main criterion of whether a Health Week is successful or not is the numbers attending the various functions, instead of any dramatic change for the better in the general level of sanitation or a falling off, perhaps, in the patients attending the local hospital. When the many hours of hard work put in—all of it voluntary—by committee members in the preliminary planning and organisation of these shows are considered, the results are, on the whole, disappointing. It is generally recognised that the value of a Health Week is the greater if it is not repeated at too frequent intervals and this may have been a reason why so few took place during the period under review. In the twelve months ending 31st March, 1954, Health Weeks and Baby Shows, totalling fifteen, were held in most of the larger towns in the Region; in the ensuing nine months, only two were held—at Oshogbo and Asaba. In addition, the Ondo Branch of the Red Cross held a successful Baby Show during October.

107. It is being increasingly realised that the time has now arrived for the establishment of a specialised health education unit, and it is hoped that in the coming year, when proposals are considered for the construction of a new School of Hygiene at Ibadan, the opportunity will be taken to include at the same time provision for a Health Propaganda section, attached to which will be a mobile cinema van and a photographic unit. There is a possibility, too, that a course leading to a diploma in the contents and methods of health education will be held in the United Kingdom, under the aegis of the Central Council for Health Education, and that one or two Superintendents from the Region may be selected to attend.

108. In the meantime, propaganda continues to be carried out by the sanitary inspectorate, who visit and lecture at schools, market places and other strategic points, by the health sisters and health visitors engaged on maternity and child welfare duties, and by the medical officers and rural medical officers as opportunity allows, during their hospital and touring duties.

109. During the year, the Region had the benefit of the experience and advice of a visual aid expert who was on a visit to Nigeria. In discussions which took place with medical officers, the conclusions reached were that direct propaganda would not have very much beneficial effect ; that the two places where propaganda could best be pursued were in the schools and in the waiting rooms of the outpatient departments of hospitals—the latter, particularly, as it was felt that a person suffering from some disease was far more likely to listen to suggested lines of prevention than someone who was healthy. This visual aid expert also held the view that, to be effective, health propaganda must be made attractive ; that at present the standard of printing in Nigeria, especially in colour, was not sufficiently high for the leaflets and posters to have much value.

VI.—PORT HEALTH WORK

110. The constitutional changes brought about the transfer from the Western Region of most of the port health work to the Federation. Ikeja is an anomaly in that, although situated in the West, the airport is under Federal control.

111. Until the staff situation is better defined, the duties at the airport are being shared by Regional and Federal officers. The medical officer-in-charge Ikeja—a Regional officer—is continuing to supervise the airport dispensary and to hold himself in readiness for any airport emergencies that may arise. The sanitation of the airport, the routine examination of the health documents of incoming and outgoing passengers and the spraying of aircraft are being undertaken by the airport Health Superintendent—now a Federal officer.

112. The airport dispensary at present provides the only form of Government medical facility at Ikeja and vast crowds each day throng the airport precincts on their way to obtain advice and treatment. The fact that the primary function of this dispensary is to cope with accidents to aircraft and to provide for the airport staff has resulted in a most unsatisfactory state of affairs. This will, however, be rectified as soon as the new Ikeja Hospital is finished, which it is expected will be towards the end of 1955 or early in 1956.

113. Warri, Sapele, Burutu and Forcados now remain the only ports, for which the medical department accept responsibility.

114. At these ports all ocean going ships are boarded on arrival and granted free pratique. Coastal vessels are exempted under the Quarantine Ordinance. Intercoastal passengers are examined for successful vaccination, and where necessary, vaccinated before medical passes are issued.

115. At Sapele, 144 ships were boarded during the period ; at Warri, the figure was 110, and at Forcados and Burutu, the figure was 132. None of these ports were declared local infected areas and no ships arrived with cases of quarantinable disease on board.

116. It is considered useful to include in this Section information about existing regulations affecting travellers leaving Nigeria, especially as there has recently been a revision to bring them further into line with the International Sanitary Regulations drawn up by the World Health Organisation.

117. Those intending to travel outside Nigeria by air, and those intending to travel by any route—including sea and overland—to a destination in French West Africa, must carry a valid International Certificate of Vaccination against yellow fever and smallpox ; further, any persons leaving Nigeria by any route must carry a valid International Certificate of vaccination against smallpox.

118. International Certificates of vaccination against yellow fever are valid for six years. A traveller may not leave Nigeria until ten days subsequent to a *first* vaccination against yellow fever, but in the case of a re-vaccination, he may leave immediately thereafter, provided that he can produce evidence of a vaccination having been given within the six years preceding.

119. International Certificates against smallpox are only valid for three years; they become valid eight days after the date of a successful primary vaccination or in the event of a re-vaccination, on the date of re-vaccination.

120. As regards travellers arriving in Nigeria from another country, vaccination against yellow fever is recommended to persons coming from whatever destination. Valid certificates of vaccination against smallpox are required of all arrivals by sea or by air. Arrival by land are recommended, but are not required, to be in possession of valid certificates.

VII.—HOSPITALS, DISPENSARIES AND OTHER UNITS

A.—EXISTING UNITS

121. The following units were functioning on the 31st December, 1954 :—

(1) General Hospitals and Nursing Homes

Province						Mission			
	Gov- ern- ment	Native Authority	and Com- mercial	Private Firms					
Benin	3	—	2	2
Delta	3	—	3	1
Ondo	1	1	1	—
Abeokuta	1	—	1	1
Ibadan	3	1	1	6
Ijebu	2	—	—	—
Oyo	1	—	3	—
Colony	*1	—	—	—
Total	15	2	11	10

(2) Special Hospitals (Maternity, Mental, etc.)

Benin	...	...	...	...	...	1	—	2	—
Delta	...	...	...	...	...	—	—	1	—
Ondo	...	...	...	...	...	—	—	2	—
Abeokuta	...	...	...	...	...	*2	—	—	—
Ibadan	...	...	...	...	...	—	—	1	—
Ijebu	...	...	...	...	...	1	—	—	—
Oyo	...	...	...	...	...	—	—	—	—
Colony	...	...	...	...	...	—	—	—	—
Total	...	...	...	...	...	4	—	6	—

(3) Maternity Centres, Clinics and Rural Health Centres

Benin	...	...	...	...	...	1	19	8	2
Ondo	...	...	...	...	...	—	35	6	—
Delta	...	...	...	...	...	1	4	10	5
Abeokuta	...	...	...	...	...	1	24	1	—
Ibadan	...	...	...	...	...	—	13	4	6
Ijebu	...	...	...	...	...	—	24	1	4
Oyo	...	...	...	...	...	—	24	3	1
Colony	...	...	...	...	...	—	23	—	—
Total	...	...	...	...	...	1	166	33	18

*includes one under construction.

(4) Dispensaries and Clinics

Province							Mission		
	Gov- ern- ment	Native Author- ity	and Com- mercial	Private Firms					
Benin	1	59	1	3
Delta	2	42	4	3
Ondo	—	45	3	—
Abeokuta	*1	27	—	—
Ibadan	1	21	3	1
Ijebu	1	28	—	1
Oyo	1	12	9	—
Colony	2	26	—	—
Total	8	260	20	8

(5) Infectious Diseases Hospitals

There are small units which are brought into use for the most part for smallpox or chickenpox cases. They should properly be the responsibility of the Local Authorities, but so far it has fallen upon the Regional Government to build them and maintain them.

B.—ADDITIONS TO HOSPITALS

122. The following is an account, by Provinces, of the new buildings begun or completed during the year, excluding Mission hospitals (details of which are given in section XV below):—

Colony Province

123. At Epe on the Colony waterside, the Minister for Public Health, Western Region, laid the foundation stone of the new hospital of 48 beds in September.

Benin Province

124. At the Benin City General Hospital, work started on the laundry block and on the laboratory extension to the administrative block during the previous year was completed.

125. At Auchi, the foundation stone of the new 48-bed Government hospital for the Kukuruku Division was laid on 18th December.

126. At Ossiomo, work was started upon a new general ward for women, a tuberculosis pavilion and a mortuary for the hospital at the Leprosy Settlement. By the end of the year, the mortuary was finished and the general ward had reached roof level.

Delta Province

127. It is pleasing to be able to report that at long last work has started on the reconstruction and alterations of the General Hospital at Sapele. When completed, little of the original hospital will be recognisable, so drastic is the new work planned.

128. The new premises of the Sapele Infectious Diseases hospital were started towards the end of the year, a move from the old site having been rendered necessary owing to its proximity to a developing housing estate.

129. In September, the Minister laid the foundation stone of the new 48-bed Government hospital at Kwale for the Aboh Division of this Province.

*Under construction.

130. At the Warri General Hospital, the small standard isolation block, with sanitary annexes, was finished towards the end of the year. Minor improvements were carried out at the Maples Annexe to the Warri Hospital.

131. At Ughelli, the standard Government Rural Health Centre, along with senior service quarters for doctor and sister, and junior staff quarters, was finished well before the close of the year. A medical officer was posted, and the Centre came into operation. It was hoped to post a Nursing Sister to Ughelli early in 1955. Whilst the water-supply to the Centre has been installed, the electricity is not expected to be connected until about March next.

Ondo Province

132. At Akure, work on the new general hospital and on the conversion of the old hospital to a maternity is now complete.

133. At Ondo, the Native Authority there are anxious to expand their small hospital by additional wards and the foundations of a new 30-bed ward were laid at the end of the year.

134. The foundation stone of the new Government hospital of 48-beds at Iddo in Ekiti Division was laid on 22nd September whilst earlier in the month the foundation stone of the Government hospital at Okitipupa was laid. By the end of the year, the outpatient and administrative blocks and one 16-bed ward had reached roof level.

Abeokuta Province

135. Under the reorganisation due to the changes in the constitution, the Aro Hospital for Nervous Diseases passed from Federal to Western Regional control.

136. The Stage I and Stage II buildings at this Hospital are now mostly completed and several of the senior service quarters have been in occupation for some time. Senior members of the nursing staff have taken up their duties and with the arrival of a male tutor early in 1955, preparations are being made to start training junior staff. The Stage III buildings are likely to require considerable revision, and the Region will profit in this from the experience, in this special type of building, of the Sudan and East African territories.

137. At the General Hospital, the opening of the new operating theatre, plaster-room and X-Ray block, and the new maternity unit has again been delayed owing to the non-arrival of sluice fittings, sinks, electric installations and faulty drainage construction.

Ijebu Province

138. On the Ijebu Waterside at Iwopin, the new Government maternity unit of standard design was officially opened by the Minister on 15th December. The buildings had been completed some time previously, but the delay in the opening of the unit was connected with the failure of the water supply pumping system.

139. At the Ijebu-Ode General Hospital, an X-Ray block was constructed as a temporary measure from the balcony section of the existing male ward. Work on the further extensions to this hospital, which is to be financed from regional funds, was started by the building of the new administrative block. Other units are scheduled for 1955.

Ibadan Province

140. Rapid progress has been made on the new buildings at the University College Teaching Hospital in Ibadan. The foundation stone was laid by His Excellency the Governor-General at a well-attended and impressive ceremony on 18th November.

141. At the Government Preliminary Nurses Training School, a second dormitory block was added during the year.

142. Minor improvements and additions were carried out at the Adeoyo Native Authority Hospital, nearly all available space here having been taken up. The old prison ward has been converted into a surgical consulting room and records office, the toilet accommodation in the women's ward and in the male surgical ward has been extended and improved ; the operating theatre sterilising room has been slightly enlarged and a dehumidifying apparatus has been installed in the theatre itself.

Oyo Province

143. The Government General Hospital at Oyo, of 60 beds, was officially opened early in November. In its finish and construction, this hospital is one of the finest of its type in the Region.

C.—RURAL HEALTH CENTRE

144. There are now three Government Rural Health Centres in the Region, the latest having been opened at Ughelli in Delta Province in November. A fourth is likely to be constructed at Ikorodu in 1955, funds having been provided in the current estimates. Plans to build a fifth at Okitipupa in Ondo Province have now been altered in view of the Divisional hospital now under construction there.

145. Difficulties were experienced by the Department in maintaining the staffs at the Health Centres at full strength. There are still insufficient numbers of Health Sisters to allow reliefs for leave and in some instances the Department has been hard put to it to post a Health Sister to a Centre even under normal circumstances. Midwives and health visitors too have proved difficult to find as owing to their relative remoteness from the main provincial towns, these Health Centres are not popular postings. For this reason, the opening of the Ughelli Rural Health Centre was delayed beyond its time.

146. At Auchi, the Medical Officer in-charge of No. 7 Medical Field Unit also supervised the Rural Health Centre, which is fortunately conveniently adjacent, but the concentration of all effort upon the anti-yaws campaign, being conducted by the Field Unit, inevitably detracted to a certain extent from the attention which in the past this Rural Health Centre has enjoyed. Another setback to this Centre was the necessary withdrawal of the Senior Health Sister in June, without replacement. In spite of these troubles, much useful work was accomplished. Statistics of ante-natal and infant welfare work carried out at the Health Centre and at the Native Authority Maternity Centres in the vicinity were as follows :—

Antenatal Clinics

	New Cases	Old Cases	Total Attendances	Deliveries at Centre	Deliveries District	Home Visits
Auchi, R.H.C. ...	259	883	1,432	30	51	437
Igarra ...	249	555	1,557	—	113	1,171
Agbede ...	104	180	631	—	132	610
Jattu ...	80	922	2,410	—	56	239
Ukpilla ...	34	47	157	—	37	455
Ibillo ...	114	264	930	—	136	1,180

Infant Welfare Centres

	New Cases	Old Case	Total Attendances	Deaths of Babies	Home Visits
Auchi, R.H.C. ...	522	1,896	2,721	11	3,515
Igarra ...	378	918	2,388	4	1,698
Agbede ...	175	234	574	10	770
Jattu ...	136	1,085	2,363	1	251
Ukpilla ...	131	356	861	—	1,030
Ibillo ...	104	363	971	7	2,305

147. At Ilaro, the Rural Health Centre was supervised by the Rural Medical Officer, and also by the Health Sister when she was not absent on leave. Situated as it is within reasonable distance of such large towns as Ibadan, Abeokuta and Lagos, Ilaro is not as unpopular as Ughelli and Auchi among members of the junior staff.

148. With staff nearly at full strength throughout the period, encouraged and spurred on by an energetic and indefatigable Sister, the problems regarding the transmission of health propaganda and antenatal and child welfare services in this area were not so great as at Auchi. Interest in maternal and child welfare work had already been aroused in this area due in no small measure to the activities over many years of Miss J. McCotter, whose services in this field were suitably recognised by the award of the C.B.E. at the beginning of 1955. All too often however such interest on the part of the general public tends to flag, unless full pressure is maintained by the staff.

149. Statistics were :—

Antenatal Clinics

				<i>Total</i> <i>Antenatal</i> <i>Cases</i>	<i>Deliveries</i>	<i>Maternal</i> <i>Deaths</i>
Ilaro, R.H.C.	...	...	...	2,891	248	4
Ipokia	...	...	...	183	28	—
Ajilete	...	...	...	745	151	—
Ado	...	...	...	379	110	—
Iboro Imashai	...	...	...	854	34	—
Igbogilla	...	...	...	613	35	—
Eggua	...	...	...	1,882	39	1
Meko...	...	...	...	238	17	—
Igbura	...	...	...	354	47	1
Aiyetoro	...	...	...	2,149	77	1

Infant Welfare Centres

			<i>New</i> <i>Cases</i>	<i>Total</i> <i>Attend-</i> <i>ances</i>	<i>Deaths</i> <i>of</i> <i>Babies</i>
Ilaro, R.H.C.	...	...	2,248	3,816	25
Ipokia	...	...	726	1,206	—
Ajilete	...	...	3,197	14,074	2
Ado	...	...	914	6,686	11
Iboro Imashai	...	...	778	1,189	10
Igbogilla	...	...	1,039	2,412	6
Eggua	...	...	2,576	2,871	10
Meko...	...	...	497	2,468	2
Igbura	...	...	922	4,648	8
Aiyetoro	...	...	1,709	1,852	5

150. The Ilora Health Centre continued to run under the supervision of the Professor of Preventive and Social Medicine, University College, Ibadan, with financial assistance from the Western Regional Ministry of Public Health.

151. Weekly antenatal clinics were held, and medical care given to infants and school children. A number of adults were treated at the dispensary. Lectures were given to the antenatal patients on proper dieting, but the number of cases of vitamin B deficiency is still considerable. A marked reduction in the number of cases of malaria is reported amongst the child population which may be associated with the free issue of quinacrine to all infants and school children. Helminthic diseases, yaws, bilharzia and ulcers were prevalent; but a considerable fall in the number of cases of ascariasis is recorded.

152. In the public health field, and as a measure to help in the eradication of the mosquito menace, a swamp in the district was converted into a fish farm, with assistance from the Ministry of Development.

- 153. Statistics were :—

					New Cases	Attendances
Dispensary ...	...	...	...	...	1,042	8,571
Antenatal ...	...	...	...	...	285	1,464
Infant Welfare :						
Infants ...	...	...	...	...	207	1,674
1-5 years ...	...	...	...	...	118	1,458

D.—MEDICAL FIELD UNITS

154. During the year, the Abeokuta/Ijebu Field Unit, formerly based on Ilaro, was stationed at Ijebu-Igbo in Ijebu Province. The Oyo-Ondo Unit merged with the Benin-Delta Unit and these were based on Auchi in Benin Province.

155. All three units were engaged throughout the year on anti-yaws work in the mass campaign which the Region is undertaking in association with W.H.O. and U.N.I.C.E.F.

156. The No. 4 Unit was based at Ijebu-Igbo because of its proximity to Yaba and also because it was thought that the incidence of yaws in this area was high. It had previously been agreed that serological tests should be carried out at Yaba on selected cases, in connection with the campaign. As events turned out, the incidence was much lower than was expected and towards the end of the year, preparations were in hand to move the entire unit to Owo in Ondo Province.

- 157. Statistics for this unit were :—

Number examined ...	...	...	...	...	...	42,077
Infectious cases ...	...	...	...	...	...	373
Late cases ...	...	...	...	...	...	2,082
Latent cases ...	...	...	...	...	...	17,110
Contracts ...	...	...	...	...	...	15,360

158. The two units based upon Auchi spent the whole period in the Kukuruku Division having started at Okpekpe in February. The Division has an estimated population of 204,000 extends approximately 2,100 square miles and has a density of 96.5 square miles.

159. The normal procedure for the campaign was to operate three teams. Two of these, each under the supervision of a field unit superintendent, were working full time on examination and treatment. The third team under the medical officer, divided its duties ; on three or four days of the week it would carry out examinations and treatment whilst for the rest, it would visit the villages, still to be surveyed, on propaganda missions.

160. By the end of the year, the whole of the Kukuruku Division with the exception of a small area to the south of the Etsako district, had been covered. Initially there were the usual "teething" troubles associated with any new venture, connected with organisation, equipment, sites, locations, etc. Poor communications, unreliable transport, the onset of heavy rains and the inaccessibility of some of the villages added to the worries of the teams. All these obstacles were taken in their stride and the two units can look back on a year of considerable achievement.

161. The campaign, once it got going, proved extremely popular with the general public and co-operation was good. Statistics were :—

No. 7 Unit						
Number examined ...	...	...	...	...	...	127,678
Infectious cases ...	...	...	...	...	...	9,576
Late cases ...	...	...	...	...	...	28,548
Latent cases ...	...	...	...	...	...	43,702
Contracts ...	...	...	...	...	...	44,315

162. Towards the end of the year, two villages in the Etsako district were re-surveyed and arrangements were made for further re-surveys to be carried out in the Division in 1955, when the main teams will be working in the adjoining Ishan Division.

E.—LOCAL AUTHORITY DISPENSARIES

163. In these Reports, the opinion is sometimes expressed that there is a continued demand on the part of the general public for more and more dispensaries. Yet when the demand is met and a dispensary is approved, does it really fulfil its purpose? So often the dispensary is constructed to satisfy local prestige or to further the interests of one or other political faction amongst the members of the District Council, and when the first fine careless rapture of the new dispensary is over, the unit degenerates into a first aid post for children's cuts and abrasions.

164. This situation is of course entirely wrong and there are usually several factors responsible. The major portion of the blame however must rest with the Native Authority or Council. There is far too little consultation on their part with those who are in a position to advise them before a new dispensary (or maternity centre) is embarked upon. There is too often a tendency on the part of the local authorities to consider that with the official opening ceremony their responsibilities are entirely at an end.

165. The local government authorities receive grants in respect of their dispensaries from the Regional Government, but such grants are purely to assist and swell the funds voted each year by the local government body to maintain, equip and improve their medical units. In general, the annual votes are inadequate; the supplies of drugs and dressings fail; the premises become shabby and deteriorate; the equipment becomes deficient and requests to the Councils for replacements and additions are frequently ignored. With the arrival each half year or each quarter, as the case may be, of a new batch of drugs and dressings, attendances increase, but as these become exhausted, so the numbers quickly fall off and then it is the children under eighteen, in the main, who report at the dispensary to take advantage of the free treatment scheme. For the most part, the Dispensary Attendants are sub-standard. It is not their fault; it is because in past there have not been provided the proper training facilities for them. It is hoped that this situation will be remedied when the proposed school for training Dispensary Attendants materialises in Ibadan in association with the new School of Hygiene.

166. Given decent premises, adequate supplies of equipment, drugs and dressings, better trained, efficient and reliable staff—all will be unavailing, unless there is regular supervision from a touring medical officer. The Regional Government have during the last year been hard pressed to provide rural medical officers for each province. Obviously the hospital must receive first priority for staff and with the opening of seven new hospitals or more in 1955 and 1956, the outlook for the provinces having their own rural medical officers, devoted solely to dispensary and maternity centre supervision, is rather bleak. Once the output of doctors, from the University and from overseas, increase, then the position will improve.

167. The number of dispensaries, cases and attendances recorded in each province were :—

Native Authority Dispensaries—1st April to 31st December, 1954

<i>Province</i>			<i>No. of N.A. Dispensaries</i>	<i>No. of Cases</i>	<i>Total No. of Attendances</i>
Benin ...	...	...	58	112,611	383,497
Delta ...	...	...	29	55,976	246,610
Ondo ...	...	...	44	77,370	355,010
Abeokuta	...	...	27	35,115	149,571
Ibadan	...	...	24	72,546	256,954
Ijebu ...	...	...	24	55,282	267,019
Oyo ...	...	...	12	18,736	105,506
Colony	...	...	26	25,528	22,492
Total	...	...	244	453,164	1,786,659

F.—PLANTATION DISPENSARIES

168. The West African Institute for Oil Palm Research, eighteen miles west of Benin, maintains a well-equipped little dispensary on its plantation. It is staffed by a pharmacist and a male nurse, and is visited weekly by a Government medical officer from Benin.

Number of cases	...	...	...	13,710	(13,778)
Total Attendances	...	...	...	23,327	(21,978)

whilst these figures cover only the period April to December 1954, those in brackets refer to the whole twelve months period immediately preceding.

169. West African Institute for Oil Palm Research have also opened a maternity and child welfare centre at their camp, which is supervised by two qualified Grade II midwives.

170. The plantation dispensaries, to which reference has usually been made in this section of the Report in past years, have always been in the Sapele medical area. Only two such dispensaries are still functioning, and both are operated by the United Africa Company. One is on the Cowan Estate and the other is on the Sapele River Rubber Estate. A third dispensary was discontinued by the Company during the year.

VIII.—MATERNITY AND CHILD WELFARE

171. Steady progress continues in the implementation of the plan to add standard maternity blocks to all the Government general hospitals, thereby releasing for general medical and surgical use bed accommodation in the women's wards, previously taken up by antenatal and postnatal cases.

172. In the larger towns, therefore, the female population is accorded reasonable in-patient provision, and the facilities given recognise the importance of obstetrical care in the wider field of medicine.

173. In the rural areas, the women are looked after before, during and after their confinements considerably better than are the rest of the community in other forms of general medical care. Government provide the Rural Health Centres; native administrations and district councils—the maternity centres; Missions—the hospitals, and private practitioners and midwives—the small nursing homes and maternity homes. The standard of service, too, in this field is higher; especially is this true of the Native Authority units. The reason for this probably lies in the fact that midwives have all passed a recognised national examination in their subject, and they are therefore certified as competent to practice among the female community, whilst their male colleagues in the dispensaries have had for the most part rather haphazard training and moreover have not been required to pass any examination of a standard comparable to those set by the Central Midwives Board.

174. Of the Missions, whilst all have maternity accommodation in their general hospitals, it is the Roman Catholics and the C.M.S. especially, which concentrate on this aspect of the medical services in the country districts.

175. Statistics were :—

Native Authority Maternity Centres

Province			No. of Centres	New Cases	Deliveries	Total Attendances
Benin	...	...	20	4,416	1,628	9,202
Abeokuta	...	...	14	84,366	2,187	222,771
Delta	...	...	6	257	333	356
Ondo	...	...	35	5,129	4,924	52,668
Ijebu-Ode	...	...	22	4,128	1,442	7,587
Oyo	...	...	12	3,096	354	3,548
Ibadan	...	...	14	10,639	1,478	31,261
Colony	...	...	14	—	—	—
Total	...	...	137	112,031	12,346	327,393

Government Maternity Units

Province				No. of Maternity Centres	New Cases	Deliveries	Total Attendances
Benin	...	...	...	2	488	553	2,927
Abeokuta	...	...	...	1	—	—	—
Delta	...	...	...	4	527	340	2,100
Ondo	...	...	...	1	548	351	6,086
Ijebu	...	...	...	3	646	442	1,059
Oyo	...	...	...	1	49	3	—
Ibadan	...	...	...	2	754	244	925
Colony	...	...	...	—	—	—	—
Total	...	...	...	14	2,912	1,733	13,097

Private Maternity Centres

Benin	...	...	...	9	4,087	187	34,651
Abeokuta	...	...	...	—	—	—	—
Delta	...	...	...	10	7,983	875	51,502
Ondo	...	...	...	—	—	—	—
Ijebu	...	...	...	3	616	365	1,515
Oyo	...	...	...	2	149	55	193
Ibadan	...	...	...	12	886	850	6,730
Colony	...	...	...	—	—	—	—
Total	...	...	...	36	13,721	2,332	94,591

Mission Maternity Centres

Benin	...	...	...	13	18,123	2,800	85,929
Abeokuta	...	...	...	1	6,258	810	13,821
Delta	...	...	...	11	3,434	1,155	32,236
Ondo	...	...	...	3	26,813	989	98,242
Ijebu	...	...	...	—	—	—	—
Oyo	...	...	...	23	67,320	1,778	67,198
Ibadan	...	...	...	—	—	—	—
Colony	...	...	...	—	—	—	—
Total	...	...	...	51	121,948	7,532	297,426

IX.—MENTAL HEALTH

176. In the Report issued last year, it was stated that the overcrowding of the antiquated Lantoro institution at Abeokuta for the care of lunatics under the control of the medical department continued to present an urgent problem.

177. The Lantoro institution and the gazetted asylums which are attached to prisons now comprise the sole accommodation available to the Region for the custody of lunatics.

178. During the year, a slight improvement took place at Lantoro when a new 16 single-cell block was completed and brought into use, but even with this additional building very little material advantage has resulted.

179. In October, a Nigerian special grade medical officer arrived in Abeokuta to take charge of the Lantoro Asylum and the Aro Hospital. He had recently been successful in acquiring the specialist Diploma in Psychological Medicine in the United Kingdom.

180. Shortly after his assumption of duty, he started to tackle the problem of the congestion at Lantoro and by the end of the year he was able to report that selected patients had been receiving special physical treatment, so that their condition might improve sufficiently for them to be discharged to live among the general community. Most of the patients in this category had received some form of occupational therapy.

181. Despite these steps to relieve the overcrowding, as it was observed last year, the changing social conditions were bringing increasing numbers of mentally unsound persons before the Courts, and it would appear that the only solution was to build new and modern premises for the care of these unfortunate persons.

182. In October, the new Aro Hospital for Nervous Diseases passed from Federal control to the Western Region. Building progress was fairly satisfactory during the year, but special installation such as telephones and electricity supplies tended to hinder the final decoration of the buildings which were otherwise nearing completion.

183. Clinical work was started in November in the outpatient unit. Despite the handicaps facing the medical officer, certain "selected" cases were able to be taken on for outpatient investigation and treatment.

184. At the close of the year, the staff situation showed a tendency to improve and indents were placed for special drugs, equipment and apparatus for the hospital in anticipation that at least certain sections of it would be operating in 1955.

185. In his last report, the medical officer seemed confident that with the completion of the nurses' hostel, it would be possible to start the preliminary training school fairly early in the new year.

186. Statistics for the Lantoro Asylum at Abeokuta for the period under review were :—

		<i>Remaining 1-4-54</i>	<i>Admitted</i>	<i>Discharged</i>	<i>Died</i>	<i>Remaining 31-12-54</i>
Male Civil	...	53	10	3	1	59
Male Criminal	...	16	3	1	—	18
Total	...	69	13	4	1	77

X.—DENTAL HEALTH

187. Dental services continue to be provided at Ibadan and Benin. It is hoped that with the shortly expected return of a Nigerian dental officer from the United Kingdom it will be possible to extend these facilities to Abeokuta. This, however, is likely only to be of a temporary duration, as there are no leave reliefs for dental officers, and there is no alternative but to close one station or another.

188. At the end of the year, a course was started in Lagos at the Dental Technical Assistants' School. Three candidates from the Western Region were selected and are now in training.

189. Ibadan remained the best equipped dental station in the Region and the accommodation provided was satisfactory enough for two full-time dental surgeons to operate at once. It will be some time before the establishment will permit of this.

190. Minor improvements were carried out at the Dental Centre and the premises were redecorated during the year. After October, arrangements were put in hand so that the portion of dental stores, equipment and apparatus, previously held in Lagos for the Region, could be transferred to Ibadan and held there instead.

191. Owing to constantly increasing numbers of those requiring attention in Ibadan, and to the high pressure of work to which the dental surgeon was always subject, no touring could be undertaken.

192. A summary of the clinical work is included below. A feature of the work in Ibadan during the year was the treatment of maxillo-facial fractures; this was made possible by the arrival of new equipment. A new departure will be the weekly session for general anaesthetics which is shortly to be started in association with the Department of Anaesthetics at the University College, Ibadan.

193. At Benin, the dental surgeon continues to have to work under the most unsatisfactory conditions, and the sooner he is able to move out of the hospital ward temporarily allotted to him into proper premises, the better it will be.

194. It is hoped that the new dental unit, fully equipped with modern apparatus, will be, at least, started in 1955. A suitable site near the hospital has been provisionally set aside.

195. Certain improvements were made to the existing equipment at Benin during the year, notably the installation of the X-Ray apparatus, the arrival of a dental chair and the provision of an electric lathe, a thermolizer and sterilizer.

196. No touring was carried out in the Division during the year, mainly owing to transport difficulties. An assurance has been given that during 1955 the Mobile Dental Unit, normally based at Ibadan, will be made available to the Benin dental officer, who, although always kept busy, is not subjected yet to quite the same pressure as his colleague in Ibadan.

Summary of work at Dental Centres—April to December 1954

						Ibadan	Benin
Extractions	...	...	...	...	...	1,357	352
Fillings	...	...	...	...	...	368	79
Crowns and Inlays	...	...	...	...	...	7	—
Gum treatments	...	...	...	...	...	670	108
Dentures	...	...	...	...	...	213	157
Patients under eighteen	...	...	...	...	...	224	129
Total attendances						3,410	1,252

Schools Dental Service

197. This work was confined to Ibadan and again, as in the previous year, the arrangements were the same, and a temporary lady dental surgeon was engaged for the school clinics. Owing to her absence on leave without a relief, the schools dental service functioned only for the last five months of the year.

198. During the year, the work on the conversion of the power house at the Ibadan Dental Centre was completed and the School Dental Clinic is now fully established in its place.

199. During August, the equipment and apparatus, ordered for the schools service, was unpacked and installed. This included equipment for the static schools clinic and also five sets of field equipment for touring. In addition, four films for dental propaganda and educational purposes arrived.

200. At the schools in Ibadan, the dental officer carried out inspection of mouths and teeth and, where necessary, undertook treatment. This was sometimes done in the Mobile Unit, if the latter could conveniently gain access to the school, or otherwise it was carried out in the static clinic. The films were shown at the schools and they aroused much interest and were obviously most appreciated.

201. Clinically, as has been recorded so often before in these reports, very little caries were found, and most of the trouble is parodontal. Very few fillings and very few extractions of permanent teeth were found to be necessary and the latter mostly for orthodontic purposes.

202. The chief complaints, in the opinion of the schools dental officer, are due to neglect or ignorance of dental hygiene, and, possibly, in some cases, to dietary deficiencies. Owing to the uncleanly oral state, calculus becomes deposited on the teeth and this in turn affects the gums.

203. It is felt that if the mouths could be kept free of tartar, first by scaling the teeth and then by educating the children on how to prevent or minimise tartar formation, parodontal disease and the loss of teeth in adult life could be greatly reduced.

204. In this field it is considered that dental hygienists could play an immensely valuable part, by relieving the dental officer of the necessity of having to carry out routine oral hygiene in school children. It is manifestly impossible for one dental surgeon to ensure that every child's mouth is rendered 100 per cent healthy and the hygienist could give valuable assistance firstly by freeing the mouths of calculus and there-after by teaching the children (in the vernacular) how to keep their mouths and teeth clean. In this way, the dental officer would be enabled to devote more time to other essential and important work among the school children.

XI.—LEPROSY

205. With the abolition of the post of Leprosy Adviser from the Central establishment during the year, the organisation and administration of the leprosy service in the Western Region, which had hitherto largely been in the Adviser's hands, became the responsibility of the Director of Medical Services at Ibadan, as it were, overnight.

206. Permission was therefore sought, and approval given, for the inclusion in the 1955-56 estimates of a post for a Senior Leprosy Officer. It is to be hoped that the post will be filled next year.

207. There is little change to record in the organisation of the Region's leprosy services. In the western part of the Region, the American Baptist Mission, with its headquarters at Ogbomosho, has a large settlement there and in addition supervises a chain of segregation villages in Oyo, Ibadan and Ijebu Provinces. In the eastern part of the Region, the Government base continues at Ossiomo Settlement and from here, the staff undertake frequent and regular tours to the numerous segregation villages scattered throughout the Benin and Delta Provinces.

208. There have for sometime been signs that leprosy was showing a tendency to spread from the Benin-Delta area westward into Ondo Province and towards the end of the year, it was learnt that the Eastern Region had agreed to lend the Western Region the services of one of its leprosy medical officers, with the object of carrying out small surveys in scattered parts of Ondo Province to assess the situation and to check upon the spread and the rate of infection in this area.

209. A visitor to Ossiomo might be forgiven for thinking momentarily that he had arrived at the *Palais des Nations*; this is in no sense derogatory—on the contrary, it emphasises that, underlying the diversity of nationalities there, the senior staff share a common vocational spirit, which is so noticeably lacking in certain other branches of the medical services.

210. In the therapeutic field, dapsone was universally the drug of choice and the very good effects which have resulted from it are reflected by attendances which have increased at most centres. For patients who for one reason or another cannot tolerate dapsone, thiosemicarbazone is given and good results have also been achieved with this.

211. It is no doubt general knowledge that the association and special relationship which leprosy and tuberculosis bear to each other is particularly close and it is gratifying to record that at Ossiomo Settlement, treatment of cases of tuberculosis with streptomycin, P.A.S. and isoniazid started in 1953, has entirely changed the previous hopeless prognosis of patients with leprosy.

212. The extension of the work of leprosy control is largely dependent upon the good-will, co-operation and spirit of enthusiasm shown by the local government bodies and it is disappointing to note the little progress that has been made in this field during the year. In Benin Province, where the incidence of leprosy is high, Benin Division, to the shame of the Native Authority there, still has not a single segregation village; both the Ishan Division and Agbor district are in urgent need of more segregation villages, but the response from the local government authorities has been nil. In Kukuruku Division, alone in this Province, was one new segregation village opened.

213. Great efforts were made by the Government leprosy staff to arouse and stimulate interest among the district councils and native authorities in the eastern areas. Leprosy pamphlets were given wide distribution and visual aid posters were prepared. Lectures on leprosy and its control were given to district councils, extra-mural groups and training colleges, but the practical response has been discouraging.

214. In the early part of December, two Government general duty medical officers attended a special course at Uzuakoli in the Eastern Region to learn about leprosy and its control. These courses now seem to be well-established and are of great benefit.

Leprosy Control, Western Region, April to December 1954

						<i>Voluntary</i>	<i>Government</i>	<i>Agencies</i>	<i>Total</i>
						<i>and N.A.</i>			
Settlements	...	...	...	...	...	1	1		2
Segregation Villages	...	...	...	...	...	26	9		35
Clinics and Treatment Centres	...	...	...	...	...	7	9		16
Total Isolated Patients	...	...	...	...	...	3,028	2,115		5,143
Outpatients	...	...	...	...	...	2,431	219		2,650
New Cases Diagnosed	...	...	...	...	...	728	502		1,230
Patients Discharged	...	...	...	...	...	459	205		664
Total under treatment, 31-3-54	...	...	...	...	...	5,459	1,540		6,999

XII.—LABORATORY SERVICES

215. In the Ibadan Medical Division, technical assistants were posted to the hospital laboratories at Abeokuta, Shagamu and Ijebu-Ode only. Of these three places, the best conditions for laboratory work were at Shagamu—the worst at Ijebu-Ode. At Abeokuta, it is possible that if a new administrative block is decided upon, this will include laboratory accommodation. At Ijebu-Ode work has already started upon a new laboratory which is part of the standard administrative block.

216. Badagry, Oyo and Oshogbo Hospitals all require technical assistants, although only the first two have up to date laboratory premises, but it is unfortunate that the prospects of obtaining more qualified staff in the immediate future are bleak. This is largely due to the limited capacity of the Federal training establishment at Yaba.

217. Ibadan was better situated than any other station in the Region for laboratory facilities. Here all the work was concentrated at the Adeoyo Hospital, under the control of the University College Hospital. With a goodly complement of both senior and junior staff, the Adeoyo laboratories were kept working at full pressure throughout the year. On occasion the volume of work proved more than the laboratory could undertake.

218. In the Benin Medical Division, technical assistants were posted to the Benin, Akure, Warri and Sapele Hospitals and to Ossiomo Leprosy Settlement. At Benin, the new laboratory was completed during the year ; at Akure, the premises are good, but both at Warri and at Sapele, accommodation is very cramped and conditions are hardly conducive to good work being performed. Nevertheless the Senior Medical Officers in charge of both Ibadan and Benin Divisions report that much valuable assistance to diagnosis was given at these units and in general, the period can be looked back upon as one of steady achievement in this service.

XIII.—PRISONS

219. The Prison authorities have continued during the year to pursue their policy of gradually replacing Native Authority control by that of Government.

220. It is mostly the Native Authority Prisons in the Region which are overcrowded, ill-designed, badly ventilated with poor sanitation and if this change of control can result in any improvements, it will be most welcome to the medical department.

221. In general, the health of the prisoners has been consistently good. The usual tendency appears to be that prisoners put on weight during their confinement rather than the reverse ; any exceptions are investigated by the medical officers, all of whom pay regular weekly routine visits to the gaols in their areas.

222. Neither in the Benin nor in the Ibadan Medical Division were any outbreaks of epidemic disease reported. Throughout the Region, in addition to medical inspections, routine visits were paid by the sanitary staff to ensure the vaccination of all new admissions and to check that the sanitary state of the prisons was as adequate as existing circumstances permitted. Routine monthly returns are submitted to Medical Headquarters in respect of all prisons throughout the Region and it is observed that where medical or sanitary advice is tendered, a spirit of co-operation is generally shown by the local prison staffs.

223. In most of the larger prisons, a qualified nurse normally holds a daily sick parade in the M.I. room set aside for this purpose ; the larger prisons, too, usually provide some form of sick bay to obviate prisoners and their warders thronging the already overcrowded wards in the hospitals.

224. During the year, nine prisoners died whilst under detention. In five instances, death was unexpected and was caused by cardiac or cerebral catastrophe. In the remainder, deaths were attributable to alimentary or circulatory disturbance.

XIV.—TRAINING OF MEDICAL SERVICES PERSONNEL

Medical Students

225. An account of the work and progress of the medical school of the University College, Ibadan will be found in the Annual Report of the Chief Medical Adviser to the Federation. The results of the examinations and the successes of the students will be listed therein.

226. Bursaries and scholarships in medical and allied subjects, tenable at the University College, Ibadan or at universities and hospitals overseas, have again been generously awarded to students of the Western Region by the Regional Government and by the Western Region Production Development Board.

Nurses

227. With the help of temporary Nursing Sisters, the Senior Sister Tutor was able to maintain her teaching staff satisfactorily at the Government Nurses' Preliminary Training School at Ibadan where two six-monthly courses were started in April and October.

228. Fifty-two new recruits were taken on in April and twenty-seven completed the examination successfully. In October, only fifteen new pupils were recruited owing to the risk of exceeding the establishment allowed.

229. The Ibadan School remains at present the only Government Preliminary Training School in the Region. The arrangements made in the previous year continued, despite the constitutional alterations, whereby all students passing out of the School proceeded to the Lagos General Hospital for the first of their three years' hospital training. Thereafter they are dispersed for duty as probationers to the hospitals in the provinces where they undergo the remainder of their training.

230. The Preliminary State examination, first introduced in 1953, takes place twice yearly in January and July and is open to those pupils who have undergone one year of practical training after having completed their six months at the Preliminary Training School. In July, 19 candidates from the Region sat this examination and 11 were successful. Of these, 4 were from Mission Hospitals, and 7 were from Government Hospitals. Of the eleven passes, three were male trainees.

231. The final qualifying examination for nurses was held in June and December. At the June examination, there were 107 entries (96 from Government and 11 from Mission hospitals) with 85 passes (75 Government, 10 Mission). At the December examination, there were 61 entries (37 Government, 24 Mission) and 28 passes (13 Government, 15 Mission).

Midwives

232. Grade I midwives are trained at Massey Street Hospital, Lagos. Adeoyo Hospital, Ibadan, has also for some time been a recognised training centre, but the first course started only towards the end of the year. It is probable that next year will see the recognition of one or more of the Mission hospitals as additional Grade I training centres.

233. At the September examination, all 5 Mission candidates were successful in passing; there were no Government entries on this occasion.

234. Grade II midwives are trained at numerous officially approved Government, Native Authority and Mission centres. They are subsequently employed in Native Authority and Mission rural maternity units. The number of candidates at the September examination were:—

	<i>Government Hospitals</i>	<i>Mission, Native Authority and other Hospitals</i>
Entries	33 64
Passes	26 45

Sanitary Inspectors and Overseers

235. It is likely that the proposed new School of Hygiene, so long overdue for Ibadan, will be accorded a higher priority than was at first contemplated. It is hoped that constructional work will be started in 1955. A suitable site has already been set aside.

236. Two sanitary inspectors from the Region passed the examination held by the Royal Sanitary Institute (West Africa) during the year.

237. Thirty out of thirty-three candidates for local government service passed the sanitary overseers' examination held in May after a nine month course, and twenty-seven overseers attended a refresher course held during the year, of which nineteen were successful. A second nine month overseers' course with twenty-eight candidates started in September.

238. Nine Government and seven Native Authority inspectors in training are due to complete their two year theoretical course in February 1955.

239. Twelve Government and seven Local Authority candidates started on a two year course of training in February, having completed their preliminary six months.

Health Visitors

240. No systematic training of Health Visitors took place during the year. A special sub-committee is considering the whole question of syllabus and training for workers in this field and it is possible that two categories will emerge, Health Visitors proper and community nurses, the latter designation being given to those of lower educational standards, who complete a less exacting course of training.

X-Ray Technicians

241. The School of Radiography in Lagos passed from Western Regional to Federal control under the new arrangements. In 1954, three students from the West passed their preliminary examination for operators and technicians, and two passed the final examination to qualify as X-Ray technicians.

242. The Region remains desperately short of qualified personnel in this cadre.

Field Unit Assistants

243. By arrangement with the Northern Region, refresher courses are being held at Makurdi for Field Unit personnel. During the year, two assistants attended the course.

Dispensary Attendants

244. The Western Region proposes to build a training school for dispensary attendants at Ibadan, to be run in association with the new School of Hygiene. It is unlikely that the new premises will be ready for use before 1956 and until such time as they are the Northern Region are continuing to make available to the West the facilities of the Makurdi Training School. During the year, fourteen candidates for local government service attended the Makurdi School.

XV.—MEDICAL WORK OF MISSIONS

245. Medical missionary work in the Region is largely devoted to rural dispensary and maternity and child welfare services. The Roman Catholic Mission maintain a general hospital at Abeokuta, and at Uromi in Benin Province ; at Owo in Ondo Province and at Ogwashi-Uku in Benin Province, the Roman Catholics have combined with Government in joint hospital projects. The other general hospitals in the Region maintained by the Missions are the Wesley Guild at Ilesha, the Seventh Day Adventist at Ife, and the American Baptist Hospitals at Ogbomosho, Shaki and Eku. The latter Mission undertake most of the leprosy work in the north-western part of the Region.

Benin Province

246. St. Camillus' Roman Catholic Mission Hospital at Uromi at present comprises two general wards of 16 beds each, which follow the country type hospital plan, and a non-standard maternity block of 32 beds, along with an antenatal clinic. Other buildings are a standard operating theatre, a non-standard dispensary and outpatient department, and nurses hostels.

247. There are certain basic essentials which are lacking in this hospital, notably, a proper kitchen/laundry block, a laboratory, a mortuary, an administrative block and an ambulance. The water supply is precarious, depending upon a touring tanker ; there is no electricity supply. It is conceivable that when the new fleet of ambulances arrives in 1955, one may be allocated by the Government to this hospital.

248. At Ogwashi-Uku, good progress continued to be made at St. Mary's "combined" Roman Catholic Mission hospital. By 31st December two standard 16-bed wards were in use and the standard operating theatre and plasterroom was completed but not equipped. Work had started on a modified country-type maternity block which will accommodate 20 in-patients.

249. The Outpatient and dispensary department, which do not follow the Government design, were nearly finished. This hospital suffers from the same deficiencies as St. Camillus, *viz.*, lack of mortuary, kitchen/laundry block, laboratory, administration block, ambulance and adequate water supply.

250. The medical officer-in-charge, recruited by the Mission, arrived to assume duty in July, and with the transfer of a Nursing Sister from Uromi, the hospital was able to open in a very limited way and with little equipment, shortly afterwards.

251. Other Roman Catholic maternity units are St. Philomena's Centre at Benin, St. Joseph's at Asaba and a smaller unit at Agbor.

252. St. Philomena's provides 26 beds, has antenatal and postnatal accommodation, a labour room, a small isolation ward and a lecture room. A Reverend Sister is resident at the Centre, which is now connected up to the main's electric supply in Benin.

253. The Church Missionary Society runs a small nine-bedded maternity unit at Benin, at which 216 deliveries were undertaken during the year. Like the other Church Missionary Society units in this and Delta Province, the supervision is by Sisters from Iyi-Enu Hospital in the Eastern Region.

Delta Province

254. There were no additions or alterations notified from the 48 bedded American Baptist Hospital at Eku. This hospital, which has its own electric generator, is equipped with X-Ray apparatus; it also has good laboratory facilities.

255. At Ughelli, the Church Missionary Society maintain a small 10 bedded maternity unit, at which 339 deliveries were carried out during the year other Church Missionary Society units are at Abbi in Aboh Division, and near Warri.

256. The Roman Catholic Mission run a slightly larger unit, St. Elizabeth's Maternity Home, at Sapele.

Ondo Province

257. At Owo, difficulties in obtaining medical and nursing staff by the Roman Catholic Mission led to a reconsideration by Government on the previously agreed "combined" status of this hospital. These difficulties were fortunately resolved and a medical officer, recruited by the Mission, was expected to arrive in 1955.

258. In the meantime, the maternity section has been functioning under the supervision of a Reverend Sister, with occasional visits from the Government medical officer from Akure. Good progress is being made with the administrative and outpatient blocks, the general wards, the theatre and antenatal clinic. These buildings, together with the installation of a water supply, will not be completed until 1955.

259. At Ado-Ekiti, the Roman Catholics run a 20-bed maternity home and a *creche* for orphans. This is supervised by two Reverend Sisters. The Church Missionary Society also at Ado-Ekiti, maintain a 34-bed maternity and children's hospital, completed during the course of the previous year. A lady medical officer is resident at the Mission.

260. The Wesley Guild Mission continue to operate their maternity centre at Ikole, where Grade II midwives undergo training.

Abeokuta Province

261. The Roman Catholic Mission were fortunately able to find a replacement for Dr Geaney, who resigned from the Sacred Heart Hospital early in the year.

262. The Mission were successful in acquiring a small piece of land adjacent to the hospital. It is now proposed to build a new and modern maternity block and thus the Mission should qualify for recognition as a Grade I training centre for midwives. They already train widwives to the Grade II status.

263. St. Francis' segregation camp for leprosy cases is also maintained by this Mission in Abeokuta.

Ibadan Province

264. The American Baptist Mission, with a staff of three medical officers, continue their good work at the Ogbomosho hospital. The old orphanage is being converted into a 24-bed maternity block.

265. The main Baptist Mission Settlement for leprosy patients is also located at Ogbomosho. Small clan settlements, mostly in Oyo and Ibadan Provinces are supervised by the medical staff from the base settlement at Ogbomosho.

266. Other units of this Mission are mostly maternity, and the larger centres are at Iwo and Ire.

267. The Roman Catholic Mission recruited two medical officers towards the end of the year. One, a lady medical officer, based at Oshogbo, undertook the supervision on Government's behalf of the Queen's School, Ede, as well as certain Native Authority medical units. The other medical officer was stationed at Otan and supervised the Mission dispensaries and maternity centres in the north-eastern part of the Province.

Oyo Province

268. The new Wesley Guild Mission hospital at Ilesha was officially opened on 25th September. It provides 105 beds. In addition to the general male and female wards and a maternity block, it comprises outpatient and administrative blocks, a children's block, accommodation for isolation and the usual ancillary buildings, X-Ray, laundry and kitchen, operating theatre, mortuary and nurses' hostel. An unusual feature of the hospital is the inclusion of a welfare centre.

269. The Mission also run four combined dispensaries and maternity centres in the Province, as well as a small segregation camp for lepers at Ilesha.

270. There is nothing to report about the American Baptist Hospital at Shaki, nor of the Seventh Day Adventist hospital at Ife. The United Missionary Society run a small dispensary at Igbetti in the northern part of the Province.

Colony Province

271. The Native Authority Maternity Centre at Badagry continued to be looked after by the Reverend Sister Thomas More, but with her departure from Badagry on leave, this unit was likely to come directly under the Government medical officer.

XVI.—PRIVATE MEDICAL PRACTITIONERS

272. In the Benin Medical Division, there are five medical practitioners, three of whom have their own hospitals or nursing homes. These latter vary enormously in size, type and general standard. Only one is of the calibre to be recognised as a training centre for midwives.

273. In Ibadan, there are six medical practitioners, each of them with a small hospital dealing both with general and maternity cases. Most of them also supervise or are in nominal charge of maternity and child welfare clinics in the districts.

274. There is a tendency apparent these days, which is probably inevitable and connected in some way with the transitional stages through which the country is passing, for some of the private practitioners to be drawn away from their medical duties into the political maelstrom. A medical practitioner may without warning disappear to another Region, or suddenly turn up in the United Kingdom or even America without the Regional authority being aware that the private hospital which it has conditionally approved is any longer being satisfactorily cared for and administered. This behaviour is both irresponsible and unethical and lays the practitioner open to considerable criticism.

275. It is hoped during the coming year by enlisting the aid of those practitioners, who are willing, to start a schools medical inspection programme in Ibadan, Benin and other centres.

XVII.—MEDICAL INTERNATIONAL LIAISON

276. During the period under review there was no direct contact by official meetings between the representatives of the Western Region medical services and those of the French medical services in Dahomey.

277. On the Nigerian frontier, at Idiroko in Abeokuta Province, work was started on the construction of a new Government dispensary. This unit will provide simple treatment for Government officers engaged in Preventive Service duties, as well as for the general public and for travellers between Nigeria and Dahomey. Apart from this, there has been no alteration in the organisation affecting medical exchange between the two territories.

278. These nine months have again been noteworthy for the absence of any epidemic conditions arising on the Nigerian side of the border.

279. The routine despatch of weekly returns of infectious diseases occurring in the Region to the *Directeur de la Sante Publique* at Porto Novo continues. Reciprocal action in this respect has been taken by the French authorities; in addition, they send a regular monthly summary of the health report, which includes details of all infectious and communicable diseases.

XVIII.—DISTINGUISHED VISITORS

280. The undermentioned visitors came to the Region during the year.

<i>Month</i>	<i>Subject</i>	<i>Visitors</i>
July ...	Tuberculosis	Professor F. Heaf, Professor of Tuberculosis Diseases, Cardiff.
November ...	Yaws Campaign and other assisted projects.	Mr E. J. R. Heyward, Deputy Director General, UNICEF. Dr Sinclair-Loutit, WHO Medical Adviser to UNICEF.
December ...	Nursing	Miss Houghton, M.B.E., Education Officer, General Nursing Council.
December ...	Obstetrics and Gynaecology	Professor W. C. W. Nixon, Professor of Obstetrics and Gynaecology, University College Hospital, London.

T. H. L. MONTGOMERY,
Director of Medical Services

SENIOR STAFF APPOINTMENTS AS AT 31-12-54

Duty Post	Establish- ment	FILLED			Vacan- cies	Remarks
		Expat- riate	Non Expat- riate			
Director of Medical Services	1	1	—	—	
Deputy Director of Medical Services	1	1	—	—	
Senior Accountant	1	1	—	—	
Accountants	2	—	1	1	
Establishment Officer	1	—	—	1	
Matron	1	1	—	—	
Hospital Secretary	1	1	—	—	Attached to University College Teaching Hospital, Ibadan.
Administrative Assistant	1	—	1	—	
Pharmacist Superintendents	6	—	2	4	
Assistant Establishment Officer	1	—	1	—	
Senior Pharmacist	1	1	—	—	
Senior Specialists and Specialists	17	—	—	17	
Senior Medical Officer (Administration)	3	—	1	2	
Senior Medical Officer (Clinical)	1	1	—	—	
Medical Officers and Assistant Medical Officers	47	11	27	9	
House Physicians and Surgeons	—	—	1	—	
Entomologist	1	—	—	1	
Inspector Radiographer	1	—	—	1	
Radiographers	2	—	—	2	
Senior Nursing Sisters	2	3	—	—	Excess one.
Nursing Sisters and Nursing Superintendents	21	2	8	11	
Senior Health Sisters and Health Sisters	9	4	—	5	
Sister Tutor	4	2	—	2	
Senior Health Officer	1	1	—	—	
Medical Officer of Health	5	2	—	3	Inclusive of one Temporary.
Senior Health Superintendents	4	1	2	1	
Health Superintendents	21	2	10	9	
Pathologist	1	—	—	1	
Dental Surgeons	5	2	1	2	Inclusive of one Temporary.
Dental Technician	1	—	—	1	
LEPROSY SERVICE						
Medical Officers	3	3	—	—	
Leprosy Secretary	1	—	—	1	
Leprosy Control Officer	2	3	—	—	One supernumerary to the establishment.
MEDICAL FIELD UNIT						
Medical Officer of Health	3	—	—	3	
Superintendents	3	2	—	1	
MENTAL						
Medical Officer	1	—	1	—	
Chief Nursing Superintendent	1	1	—	—	
Senior Nursing Superintendent	1	—	—	1	
Nursing Superintendent	2	—	2	—	
Nursing Sister	1	—	—	1	
Male Tutor	1	1	—	—	On contract.
Occupational Therapist	1	—	—	—	

TOURING TABLE—1ST APRIL TO 31ST DECEMBER, 1954

Officer	Day on Duty	Number of nights on Tour	Number of days on Tour	Total	Percentage of Night Visits only	
					1953-54	1954
Director of Medical Services, Ibadan	195	1	—	1	.81	.51
Deputy Director of Medical Services, Ibadan	157	4	—	4	7.37	2.54
Senior Health Officer, Ibadan	142	—	—	—	13.04	—
Pharmacist Superintendent, Ibadan	95	—	15	15	22.4	—
Senior Accountant, Ibadan	160	—	—	—	1.09	—
Senior Medical Officer, Ibadan	275	5	5	10	1.3	1.81
Senior Medical Officer, Benin-City	275	12	7	19	2.1	4.36
Medical Officer, Abeokuta	275	—	6	6	—	—
Medical Officer, Akure	275	—	56	56	5.1	—
Medical Officer, Agbor	275	56	45	101	20.7	20.36
Medical Officer, Benin-City	275	—	23	23	—	—
Medical Officer, Forcados	275	44	—	44	11.2	16
Medical Officer, Ijebu-Ode	275	—	—	—	2.7	—
Medical Officer, Sapele	275	11	11	22	1.6	4
Medical Officer, Shagamu	275	—	33	33	—	—
Medical Officer, Badagry	275	5	27	32	—	1.81
Medical Officer, Oyo	92	—	5	5	—	—
Medical Officer, Oshogbo	275	—	107	107	—	—
Medical Officer i/c Medical Field Unit, Auchi	275	50	75	125	4.3	18.18
Rural Medical Officer, Akure	275	20	47	67	.97	7.27
Rural Medical Officer, Ibadan	275	10	114	124	10.6	3.63
Rural Medical Officer, Abeokuta	275	—	45	45	—	—
Rural Medical Officer, Ijebu-Ode	275	—	106	106	1.6	—
Medical Officer i/c Medical Field Unit, Ilaro	275	47	48	95	6.01	.36
Senior Health Superintendent, Ibadan	275	—	5	5	—	—
Health Superintendent, Abeokuta	275	6	31	37	4.09	2.18
Health Superintendent, Akure	275	38	3	41	5.7	13.81
Health Superintendent, Benin-City	275	13	17	30	6.2	4.72
Health Superintendent, Ijebu-Ode	275	12	78	90	2.1	4.36
Health Superintendent, Oshogbo	275	40	30	70	20.4	14.54
Health Superintendent, Sapele	275	4	24	28	4.9	1.45
Health Superintendent, Ibadan	275	15	121	136	8.1	5.41
Health Superintendent, Agbor	275	55	73	128	16.9	20
Health Superintendent, Warri	275	—	9	9	—	—
Medical Field Unit Superintendent, Auchi	275	45	56	101	6.7	16.36
Medical Field Unit Superintendent, Ilaro	275	21	100	121	21.5	7.63
Rural Medical Officer, Warri	275	33	56	89	15.3	12
Leprosy Area Superintendent, Ossiomo	275	50	39	89	28.9	14.18
Health Sister, Ibadan	275	—	60	60	3.5	—
Total	...	9,916	597	1,477	2,074	6.38
						5.06

Individual Average above 10 per cent for Night visits on tour were :—

Medical Officer, Agbor	...	...	...	...	...	20.36 per cent
Medical Officer in charge, Medical Field Unit, Auchi	...	...	...	...	...	18.18 per cent
Health Superintendent, Akure	...	...	...	...	...	13.81 per cent
Health Superintendent, Oshogbo	...	...	...	...	...	14.54 per cent
Health Superintendent, Agbor	...	...	...	...	...	20.00 per cent
Medical Field Unit Superintendent, in charge Auchi	...	...	...	...	...	16.36 per cent
Rural Medical Officer, Warri	...	...	...	...	...	12.00 per cent
Leprosy Area Superintendent, Ossiomo	...	...	...	...	...	14.18 per cent

APPENDIX III

WESTERN REGION OF NIGERIA GAZETTE—GOVERNMENT NOTICES, REGULATIONS, RULES, ORDERS, ETC., 1ST APRIL, 1954, TO 31ST DECEMBER, 1954

Serial No.	Short Titles	Western Region of Nigeria Gazette Number
50	Ogbomosho District Native Authority (Liquor Licensing) Bye-Laws, 1954	13 of 1-4-54
54	Public Health (Amendment) Rules, 1954	14 of 8-4-54
59	Rabies (Sapele Township) Declaration and Prohibition Order, 1954	17 of 29-4-54
60	Rabies (Akure) Declaration and Prohibition Order, No. 1, 1954	17 of 29-4-54
62	Ogbomosho District Native Authority (Rabies) (Revocation) Rules, 1954	18 of 6-5-54
63	Ila District Native Authority Dog Licence Order, 1954	19 of 13-5-54
64	Akure District Native Authority (Slaughter) Amendment Rules, 1954	19 of 13-5-54
68	Oyo Divisional Native Authority (Liquor Licensing) Bye-laws, 1953	20 of 20-5-54
69	Births, Deaths, and Burials (African Cemeteries Nos. 2 and 3, Benin) Order in Council, 1954	20 of 20-5-54
71	Rabies (Ilaro Town) Declaration and Prohibition Order, 1954	22 of 3-6-54
72	Rabies (Benin Division) Declaration and Prohibition Order, 1954	22 of 3-6-54
74	Rabies (Ikeja Division) Declaration and Prohibition Order, 1954	24 of 17-6-54
77	Rabies (Ijebu Division) Declaration and Prohibition Order, 1954	26 of 1-7-54
79	Appointment under the Dogs Ordinance, Cap. 56	26 of 1-7-54
80	Rabies (Asaba Town) Declaration and Prohibition Order, 1954	27 of 8-7-54
82	Rabies (Akure) Declaration and Prohibition (Revocation) Order, 1954	27 of 8-7-54
83	Rabies (Ado-Ekiti District) Declaration and Prohibition (Revocation) Order, 1954	27 of 8-7-54
84	Ado District Native Authority (Slaughter) Rules, 1953	27 of 8-7-54
87	Oyo Divisional Native Authority (Control of Pigs) Rules, 1954	28 of 15-7-54
96	Egba Divisional Native Authority (Liquor Licensing) Bye-Laws, 1954	30 of 29-7-54
97	Rabies (Sapele Township) Declaration and Prohibition (Revocation) Order, 1954	30 of 29-7-54
98	Rabies (Warri Township and Urban Area) Declaration and Prohibition Order 1954	30 of 29-7-54
101	Ijebu-Remo Divisional Council (Slaughter) Bye-Laws, 1954	32 of 12-8-54
103	Rabies (Ibusa Clan Council Area) Declaration and Prohibition Order, 1954	35 of 2-9-54
104	Rabies (Agbor Town Area) Declaration and Prohibition Order, 1954	36 of 9-9-54
164	Rabies (Agbor Town Area) Declaration and Prohibition Order, 1954	48 of 4-11-54
166	Ijebu-Remo Divisional Council (Liquor Licensing) Bye-Laws, 1954	48 of 4-11-54
167	Rabies (Ife Town) Declaration and Prohibition Order, 1954	49 of 11-11-54
168	Rabies (Warri Township and Urban Area) Declaration and Prohibition (Revocation) Order, 1954	49 of 11-11-54
169	Rabies (Asaba Town) Declaration and Prohibition (Revocation) Order, 1954	50 of 18-11-54
170	Rabies (Ibusa Clan Council Area) Declaration and Prohibition (Revocation) Order, 1954	50 of 18-11-54
171	Ikenne Local Council (Control of Pigs) Bye-Laws, 1954	55 of 9-12-54
173	Townships (Second Class Townships) (Amendment) Rules, 1954	56 of 16-12-54
174	Public Health (Western Region Application) Order in Council, 1954	56 of 16-12-54
175	Ife Town Planning Authority (Declaration of Planning Areas, Nos. 1-5) Order, 1954	56 of 16-12-54
176	Ife Planning Areas Nos. 1-5 (Interim Development) Order, 1954	56 of 16-12-54
179	Hospital Fees (Western Region) (Amendment) Regulations, 1954	58 of 23-12-54

NIGERIA GAZETTE—GOVERNMENT NOTICES
RULES, REGULATIONS, ORDERS, ETC., 1ST APRIL, 1954 TO 31ST DECEMBER, 1954

Serial No.	Short Titles	Nigeria Gazette No.
8	West African Institute of Trypanosomiasis (Western Area) Regulations, 1954	24 of 22-4-54
10	University College, Ibadan Ordinance, 1954	24 of 22-4-54
16	University College Hospital (Amendment) Ordinance, 1954	24 of 22-4-54
17	Pharmacy (Amendment) Ordinance, 1954	24 of 22-4-54
18	West African Council for Medical Research Ordinance, 1954	24 of 22-4-54
87	Apapa Town Planning Scheme (Western Area) Regulations, 1954	38 of 14-7-54
110	Lagos Town Planning Ordinance, Cap. 103	51 of 16-9-54
117	University College, Ibadan Ordinance, 1954, Commencement Order, 1954	52 of 23-9-54
172	Pharmacy Ordinance, Cap. 160, Amendment to First Schedule	66 of 16-12-54
—	West African Institute for Trypanosomiasis Research (Amendment) Ordinance, 1955	66 of 16-12-54
—	University College Hospital (Amendment) Ordinance, 1955	67 of 23-12-54
—	West African Institute for Trypanosomiasis Research (Amendment) Ordinance, 1955	66 of 16-12-54

APPENDIX IV

DISEASES AND DEATHS OF ALL RACES, 1ST APRIL, 1954 TO 31ST DECEMBER, 1954

Serial No.	Diseases	In-Patients		Out-Patients	
		Cases	Deaths	Cases	Deaths
1.	Typhoid and Paratyphoid Fever ...	13	1	—	—
2.	Plague ...	—	—	—	—
3.	Scarlet Fever ...	—	—	—	—
4.	Whooping Cough ...	41	2	758	—
5.	Diphtheria ...	—	—	2	—
6.	Tuberculosis of the Respiratory System ...	290	29	770	—
7.	All other forms of Tuberculosis ...	39	2	243	—
8.	Purulent Infection and Septicaemia (Non Puerperal)	7	3	1	—
9.	Dysentery ...	266	14	3,247	—
10.	Malaria ...	1,385	26	25,144	—
11.	Syphilis ...	42	1	553	—
12.	Yellow Fever ...	—	—	—	—
13.	Small-pox ...	8	1	30	—
14.	Rabies ...	2	2	—	—
15.	Typhus Fever ...	—	—	—	—
16.	Diseases due to Helminths ...	269	1	11,838	—
17.	Other infective or parasitic diseases ...	416	34	10,999	—
18.	Cancer and other malignant tumours of the Buccal cavity and pharynx ...	3	—	44	—
19.	Cancer and other malignant tumours of the digestive organs and peritoneum ...	11	3	453	—
20.	Cancer and other malignant tumours of the respiratory system ...	1	—	—	—
21.	Cancer and other malignant tumours of the Uterus ...	3	—	2	—
22.	Cancer and other malignant tumours of the breast ...	—	—	10	—
23.	Cancer and other malignant tumours of other or unspecified organs ...	18	1	178	—
24.	Non-malignant tumours or tumours of undetermined nature ...	91	2	495	—
25.	Rheumatic Fever ...	8	—	532	—
26.	Chronic Rheumatism and Gout ...	138	2	13,181	—
27.	Diabetes mellitus ...	36	4	113	—
28.	Diseases of the thyroid and Parathyroid glands ...	10	2	46	—
29.	Other venereal Diseases ...	41	4	963	—
30.	Vitamin Deficiency Diseases ...	130	27	3,212	—
31.	Pernicious and other anaemias ...	349	20	3,734	—
32.	Leukaemias and other Diseases of the blood and blood forming organs ...	45	3	592	—
33.	Chronic or acute alcoholism ...	—	—	8	—
34.	Other chronic poisoning ...	33	4	45	—
35.	Non-meningo-coccal meningitis ...	10	7	4	—
36.	Diseases of the medulla and spinal cord, other than loco-motorataxia ...	1	—	—	—
37.	Intra-cranial lesions of vascular origin ...	29	5	50	—
38.	Mental Disorder and deficiency ...	38	2	26	—
39.	Epilepsy ...	31	1	166	—
40.	Other diseases of the nervous system ...	152	7	1,947	—
41.	Diseases of the eye, ear and their annexa ...	166	2	11,570	—
42.	Pericarditis (including chronic rheumatic pericarditis) ...	—	—	4	—
43.	Chronic affections of the valve and endocardium ...	1	—	15	—
44.	Diseases of the myocardium including aneurysm of the heart ...	26	6	63	—
45.	Diseases of the coronary arteries and angina pectoris ...	16	4	1	—
46.	Other diseases of the heart ...	67	21	291	—
47.	Arterio-sclerosis and Gangrene ...	12	—	38	—
48.	Other diseases of the circulatory system ...	174	3	2,050	—
49.	Bronchitis ...	322	12	13,494	—
50.	Pneumonia and Broncho pneumonia ...	478	45	1,019	—
51.	Pleurisy (Non-Tuberculosis) ...	38	2	223	—
52.	Other diseases of the respiratory system ...	144	8	3,294	4

CARRIED FORWARD

DISEASES AND DEATHS OF ALL RACES, 1ST APRIL, 1954 TO 31ST DECEMBER, 1954

Serial No.	Diseases	In-Patients		Out-Patients	
		Cases	Deaths	Cases	Deaths
BROUGHT FORWARD					
53.	Ulcer of the stomach or duodenum	192	8	2,085	—
54.	Diarrhoea and enteritis (under 2 years of age) ...	182	23	3,352	—
55.	Diarrhoea and enteritis (Ulceration of the intestines : 2 years and over)	97	3	3,774	—
56.	Appendicitis	39	1	26	—
57.	Hernia, Intestinal obstruction	573	32	729	—
58.	Cirrhosis of the liver	32	3	15	—
59.	Other diseases of the liver and biliary calculi ...	183	10	6,931	—
60.	Other diseases of the digestive system ...	459	15	9,064	—
61.	Nephritis	86	12	590	—
62.	Other diseases of the kidney and ureters ...	22	2	72	—
63.	Calculi of the urinary passages	15	1	10	—
64.	Diseases of the bladder, except tumours ...	53	1	636	—
65.	Diseases of the urethra, urinary abscess, etc. ...	142	5	549	—
66.	Diseases of the prostate	5	1	10	—
67.	Other diseases of the genital organs, not specified as venereal or connected with pregnancy or puerperal state	918	12	5,974	—
68.	Diseases and accidents of pregnancy ...	457	21	377	—
69.	Abortion without mention of septic conditions ...	360	2	405	—
70.	Post-abortive infection	8	—	25	—
71.	Infections during child birth and the puerperium	40	5	14	—
72.	Other accidents and diseases of child birth and puerperium	1,948	16	58	—
73.	Diseases of the skin and cellular tissue ...	1,426	6	50,905	—
74.	Diseases of the bones and organs of movement, except tuberculosis and rheumatism ...	291	—	3,084	—
75.	Congenital malformations (still births excepted) ...	40	3	88	—
76.	Congenital debility	77	5	617	—
77.	Premature birth (still births excluded) ...	61	4	32	—
78.	Injury at birth (still births excluded) ...	9	2	1	—
79.	Other diseases peculiar to the first year of life ...	55	7	780	—
80.	Senility, old Age	21	3	138	—
81.	Suicide (Attempted)	6	—	1	—
82.	Homicide	—	—	—	—
83.	Automobile accidents (all motor-driven road vehicles)	146	5	277	—
84.	Other violent or accidental excepted ...	2,010	34	23,837	—
85.	Injuries of persons in military service, during and of civilians due to operation of war ...	—	—	—	—
86.	Causes of illness unstated or ill-defined ...	221	14	3,632	—
87.	Others...	13	—	1,220	—
88.	Normal Labour	1,051	4	190	—
TOTAL		16,638	571	230,946	4

GPI 2109(56)/657/800